



Residential Subdivision Permit Application

Submit to: 911 N. 65th Ave. Ridgefield, WA 98642

To Request an Inspection:

Phone: 360-887-6205

Email: Permits@clarkfr.org

Please include permit number, contact name and number, project location, type of inspection, and date requested in all email and voicemail inspection requests

Contractor Contact Information

Contact Name: _____

Business Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

WA Contractor License #: _____

Property Owner Contact Information

Contact Name: _____

Business Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Civil Engineer Contact Information

Contact Name: _____

Business Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Job Site Information and Location

Project/Subdivision Name: _____

Job Site Address: _____

Nearest Intersection (If No Site Address): _____

Parcel Numbers: _____

Projected Number of Lots: _____

Maximum Individual Home/Building Square Footage: _____

Special Flood Hazard Zone? Yes No

Planned/Anticipated Residential Suppression System Installations (NFPA 13D)? Yes No



Notes/Special Considerations

NOTE: This application is not an approval or authorization for work to begin. Plan Review and inspection fees are outlined in local statutes. Reference International Building Code, International Fire Code, and local statutes for definitions. In addition to any other penalty allowed by city or county code, double review fees may be charged where work has commenced prior to the applicant obtaining the required reviews, approvals or permits. Refer to Clark County Fire & Rescue's fee schedule regarding costs. Please print and sign, then scan and email, mail, or deliver completed Permit Application to Clark County Fire & Rescue.

*Please Reference Plan and Submission Requirements for All Required Submission Details

Required Signatures

Applicant Signature:

Print Name: _____ Date: _____

Property Owner Signature:

Print Name: _____ Date: _____

Civil Engineer Signature:

Print Name: _____ Date: _____

Office Use Only:

Permit Issuance Date: _____ Permit Number: _____

Application Complete:	<input type="checkbox"/>	Date: _____	Initials: _____		
Deposit Received:	<input type="checkbox"/>	Date: _____	Initials: _____	Total: \$	_____
Complete Payment Received:	<input type="checkbox"/>	Date: _____	Initials: _____	Total: \$	_____