



City of Battle Ground
Community Development Department
Building Division
109 SW 1st Street, Suite 123, Battle Ground, WA 98604
Phone # (360) 342-5046, Fax # (360) 342-5049

For Office Use Only:

Date Received: _____

Permit Number: _____

MSC: _____

**MISCELLANEOUS BUILDING
PERMIT APPLICATION**

APPLICANT: _____ Phone: () _____ Fax: () _____

Mailing Address: _____

State: _____ Zip Code: _____

PROPERTY OWNER: _____ Phone: () _____ Fax: () _____

Mailing Address: _____

State: _____ Zip Code: _____

GENERAL CONTRACTOR: _____ Phone: () _____ Fax: () _____

Contractor's License # _____ City Business License # (Required) _____

Mailing Address: _____

State: _____ Zip Code: _____

Project Name: _____ Tax Lot # _____

Site Address: _____ Lot #: _____ Zoning: _____

Value of Work: \$ _____

Type of Construction per International Building Code: _____

Complete description of work to be performed: (Please use separate sheet if needed)

I hereby certify that the above information is correct and that the work performed on, and the occupancy and use of, the above-described property will be in accordance with the laws, rules and regulations of the State of Washington and the City of Battle Ground.

Signature of Applicant: _____ Date: _____

Signature of Property Owner/Representative: _____ Date: _____

For official use only:

Entered by: _____ Fees Due: _____ Receipt # _____ Received by: _____