

MULTI-FAMILY

New Construction, Additions and Alterations



PO Box 1995 * Vancouver, WA 98668-1995 * www.cityofvancouver.us * Phone: (360) 487-7802 Fax: (360) 487-7808

Please review the submittal requirements. Incomplete applications will not be accepted.

Applicant: _____

Mailing Address: _____

Phone: _____ ext. _____ Fax: _____

Property Owner: _____

Mailing Address: _____

Phone: _____ ext. _____ Fax: _____

Contractor: _____

Mailing Address: _____

Phone: _____ ext. _____ Fax: _____

Contact Person Name: _____ **Company:** _____

Contact E-mail Address: _____

Property Address: (tax assessor serial number or nearest intersection if no address) _____

Complete description of all work to be performed: _____

Estimated cost of alteration (materials and labor): _____ **Type of construction per IBC:** _____

A copy of written bid may be required

Square footage and use(s) of new construction: _____

I/we understand that per VMC 20.210.090 (Review for Counter Complete Status), if it is determined that the application is not complete, the City shall immediately reject and return the application and identify in writing what is needed to make the application counter complete. It is the responsibility of the applicant/owner to comply with all private conditions, covenants and restrictions (CC&R's) associated with this property.

I/we agree that City of Vancouver staff may enter upon the subject property at any reasonable time to consider the merits of the application, to take photographs and to post public notices.

Projects subject to site plan approval must obtain that approval prior to issuance of building permits

As defined in Engrossed House Bill 1848, is proposed work rehabilitative construction involving building enclosure? YES NO

Signature of Property Owner: _____ Date: _____

Signature of Applicant: _____ Date: _____

