

OFFICIAL USE ONLY

PERMIT FEES: **\$115.00**

DATE RECEIVED:

DATE ISSUED: _____

ISSUED BY: _____



230 2nd Street, Raymond, Washington 98577
360.942.4100, www.cityofraymond.com

FIRE & LIFE SAFETY INSPECTION APPLICATION

PROPERTY OWNER INFORMATION Contact Person

Name:

Mailing Address:

City/State/Zip:

Phone: Phone:

Email:

APPLICANT INFORMATION Contact Person

Commercial Residential
Is there a business at this location?
 Yes No If yes, what type?

Name:

Mailing Address:

City/State/Zip:

Phone: Phone:

Email:

JOB SITE INFORMATION AND LOCATION

Job Site Address: Tax Parcel ID No.:

Legal Description: Township/Range/Section / /

Directions to site:

Legal Description and Tax Parcel Number can be found on your tax statement, the Pacific County web site address listed above or by calling the Assessor's office at 360-642-9301 or 360-875-9301. **Applications cannot be processed without this information.**

This inspection is for a one hour minimum. Any additional inspections needed for corrections will be charged at \$65 per hour.

I hereby certify under penalty of perjury under the laws of the State of Washington that the following is true and correct:

1. *I have read and examined this Application.*
2. *The information provided in this application contains no misstatement of fact.*
3. *I am the owner(s), or the authorized agent(s) of the owner(s) of the property which is the subject of this development application.*

Authorized Signature:

Print Name Date: