## OFFICIAL USE ONLY PERMIT FEES: \$225.00 DATE RECEIVED:



	230 2nd Street, Raymond, Washington 98577 360.942.4100, www.cityofraymond.com  FIRE & LIFE SAFETY INSPECTION APPLICATION				
	PROPERTY OWNER INFORMA	ATION		Contact Person	
	Name:				
	Mailing Address:				
DATE ISSUED:	City/State/Zip:				
ISSUED BY:	Phone:	Phone:			
133022 31	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	ON				
Job Site Address:		Tax Parcel ID No.:			
Directions to site:					
Tax Parcel Number can be found on your tax stateme 875-9301.	ent, the Pacific County web site address lis	ted above or by calling the	Assesso	r's office at 360-642-9301 or 360-	
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:

## INSPECTION CHECKLIST

