



DATE RECEIVED	
APPLICATION NO	BY

TYPE OF WORK		
<input type="checkbox"/> New Construction	<input type="checkbox"/> Addition	<input type="checkbox"/> Remodel/Alter
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Reroof/Siding
<input type="checkbox"/> Covered Patio/Deck	<input type="checkbox"/> Deck	<input type="checkbox"/> Windows
<input type="checkbox"/> Tenant Improvement	<input type="checkbox"/> Demo	<input type="checkbox"/>
CATEGORY OF CONSTRUCTION		
<input type="checkbox"/> Single Family Residential	<input type="checkbox"/> Multi-Family (IBC)	
<input type="checkbox"/> Duplex	<input type="checkbox"/> Townhouse (IRC)	
<input type="checkbox"/> Accessory Structure	<input type="checkbox"/> Accessory Dwelling Unit (ADU)	
<input type="checkbox"/> Commercial	<input type="checkbox"/>	
DESCRIPTION OF WORK		
JOB SITE LOCATION		
Site Address:		
Tax Parcel #:		Lot#:
Subdivision:		
PROPERTY OWNER		
Name:		
Address:		
City/State/Zip:		
Phone:		
CONTRACTOR		
Name:		
WA State Lic. #:		
Address:		
City/State/Zip:		
Phone:		
Email:		
SUB-CONTRACTOR		
<i>(Licensed Plumbing Contractor Required per RCW 18.106.440)</i>		
Plumbing:		
WA State Lic. #:		
Phone:		
Mechanical:		
WA State Lic. #:		
Phone:		
APPLICANT		
Name:		
Address:		
City/State/Zip:		
Phone:		
Email:		
SAME AS PLAN?		
Has this exact plan been built in Camas under the current code cycle? If so, what is the address of that project:		

NEW SQUARE FOOTAGE & VALUATION			
New Building Area		sqft	
Garage/Carport Area		sqft	
Covered Deck/Patio Area		sqft	
Deck Area		sqft	
Tenant Improvement Area		sqft	
Valuation Amount	\$		
<i>(Valuation is based on cost of time & material or contractor's bid)</i>			
Impervious Surface SQ FT			
Projects creating or replacing more than 2,000 sq. ft. of hard surface area require a stormwater review by the Engineering Department.			
Lot Size		Lot Coverage %	
TYPE OF UTILITY			
Water	<input type="checkbox"/> City	<input type="checkbox"/>	
Sewer	<input type="checkbox"/> Gravity	<input type="checkbox"/> STEP/STEF	<input type="checkbox"/>
PLUMBING INFORMATION			
Water Meter Size	<input type="checkbox"/> 3/4"	<input type="checkbox"/> 1"	<input type="checkbox"/>
ITEM	QTY	ITEM	QTY
Alt/Repair Water Piping		Laundry Tray	
Backflow Device <2"		Sewer Connect	
Bathroom Sink/Basin		Tub/Shower	
Dishwasher		Toilet	
Disposal		Washing Machine	
Floor Drain		Water Connection	
Hose Bibs		Water Heater	
Sink		Water Service	
MECHANICAL INFORMATION			
Fuel Type	<input type="checkbox"/> Gas <input type="checkbox"/> Electric		
System Type	<input type="checkbox"/> Forced Air <input type="checkbox"/> Room Heater		
	<input type="checkbox"/> Ductless <input type="checkbox"/> Heat Pump		
Furnace	BTU	A/C	TON
ITEM	QTY	ITEM	QTY
Fireplace(s)		Wood/Gas Insert	
Gas Piping		Air Handler	
Hood w/ Duct		Exhaust Fans	
Radon Mitigation			
FIRE SPRINKLERS ARE REQUIRED FOR ALL NEW SFR			
HELPFUL RESOURCES & LISTS			
<ul style="list-style-type: none"> • Building Permit Document Submittal Standards • Single Family Application Packet • Residential Construction Checklist • Energy Code Worksheet • Stormwater Pollution Prevention Plan (SWPPP) 			
I hereby certify that I have read and examined this application. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. I agree to build to the approved plans. I understand that 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 understand that other permits/approvals such as Fire, Planning, Engineering, Water-Sewer, may be required.			
Signed:		Date	