

## CITY OF CAMAS COMMUNITY DEVELOPMENT BUILDING DIVISION

permits@cityofcamas.us | 360-817-1568

## PERMIT TRANSFER REQUEST

APPLICATION#/PERMIT#	ISSUE DATE	PROJECT	
NAME OF CURRENT PERMIT HO	DLDER / APPLICANT	<del></del>	
ADDRESS			
CITY/STATE/ZIP  TRANSFERS, ASSIGNS, AN OBLIGATIONS ESTABLISHED		ALL RIGHTS, RESPONSIBILITIES, OWNERSHIP, E LISTED PERMIT(S) TO:	AND
NAME OF NEW PERMIT HOLDE	R / APPLICANT		
ADDRESS			
CITY/STATE/ZIP			
RELEASED BY:		ACCEPTANCE OF PERMIT:	
SIGNATURE OF AUTHORIZED AGENT		SIGNATURE OF AUTHORIZED AGENT	
 DATE		 DATE	