



Building Permit Application

City of Camas, Community Development
 616 NE Fourth Ave, Suite 4, Camas, WA 98607
 Phone: 360-817-1568 Fax: 360-834-8863
 Web: www.cityofcamas.us

DEPARTMENT USE ONLY

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input type="checkbox"/> Addition/Alteration
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 & 2 Family Dwelling	<input type="checkbox"/> Commercial/Multi-Family
<input type="checkbox"/> Accessory Structure	<input type="checkbox"/> Other _____
DESCRIPTION OF WORK	
JOB SITE LOCATION	
Project Address or Tax ID:	
Subdivision:	Lot #
PROPERTY OWNER	
Name:	
Address:	
City, State, Zip:	
Phone:	Fax:
E-Mail:	
CONTRACTOR	
Business Name:	
Address:	
City, State, Zip:	
Phone:	Fax:
E-Mail:	
License #	Expiration Date:
APPLICANT	
Company Name:	
Contact Name:	
Address:	
City, State, Zip:	
Phone:	Fax:
E-Mail:	
<p>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.</p>	
Applicant's Signature:	
Print Name:	Date:

Date Received:	
Application #	
Building Approved:	Date:
Site Plan Approved:	Date:

1 & 2 FAMILY DWELLINGS & ACCESSORY STRUCTURE ONLY			
Valuation*			
New Dwelling Area			
Garage/Carport Area			
Covered Porch Area			
Deck Area			
Lot Size		Lot Coverage%	
<p>*Valuation is only required where square footage is not added, such as but not limited to, an interior remodel or a retaining wall.</p>			
PLUMBING INFORMATION			
Water Meter Size	<input type="checkbox"/> 3/4"	<input type="checkbox"/> 1"	
Toilets		Floor Drain	
Tub/Shower		Washing Machine	
Bathroom Sink		Water Heater	
Kitchen Sink		Disposal	
Dishwasher		Hose Bibs	
Laundry Tray		Backflow Device	
Other/Description:			
MECHANICAL INFORMATION			
Fuel Type	<input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other _____		
Number of Gas Piping Outlets _____			
System Type	<input type="checkbox"/> Forced Air <input type="checkbox"/> Room Heater <input type="checkbox"/> Other _____		
Furnace _____	BTU	Air Conditioner _____	TONS
Fireplace(s)		Wood Stove(s)	
Exhaust of Fans			
Bath _____	Kitchen _____	Laundry _____	Whole House _____
Energy Option			
Table 406.2 Energy Credit(s)			
<p>Has this exact plan been built in Camas under the current code cycle? If so, what is the address of that project:</p>			
FIRE SPRINKLER SYSTEMS			
<p>Will a Life Safety Fire Sprinkler system be installed? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>			
COMMERCIAL & MULTI-FAMILY ONLY			
Valuation**			
New Building Area			
Tenant Improvement Area			
<p>**Permit fees are based on the value of work performed. Indicate the value for labor and materials such as electrical, gas, mechanical, plumbing & other permanent systems for the work indicated on this permit.</p>			