



**Columbia County Planning &
Building Department**
114 South 2nd Street
Dayton, WA 99328
509-382-4676

MANUFACTURED HOME PLACEMENT PERMIT APPLICATION

JURISDICTION PERMIT FOR:

COLUMBIA COUNTY
 CITY OF DAYTON
 TOWN OF STARBUCK

PROJECT LOCATION	
SITE ADDRESS	
TAX PARCEL #	

APPLICANT	<input type="checkbox"/> OWNER <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> OTHER: _____	
Name:		Day Phone
Mailing Address:		
E-mail:		Cell Phone
PROPERTY OWNER		
Name:		Day Phone
Mailing Address:		
E-mail:		Cell Phone
CONTRACTOR	<input type="checkbox"/> YES <input type="checkbox"/> N/A	
Name:		Day phone
Mailing Address:		
E-mail:		Cell Phone
Contractor License #		Expiration Date

PERSON PERFORMING THE WORK	
<input type="checkbox"/> I am currently registered and properly licensed as a CONTRACTOR or SPECIALITY CONTRACTOR as defined under RCW 18.27.010 and 18.27.110 and am legally qualified to perform the work sought by this permit; or <input type="checkbox"/> I am an AUTHORIZED AGENT of the property owner and all work will be done by a properly licensed contractor or a specialty contractor as defined under RCW 18.27.010 and 18.27.110 and is legally qualified to perform the work sought by this permit; or: <input type="checkbox"/> I am EXEMPT from the requirements of the Contractor Registration laws, per RCW 18.27.090, and will abide by all provisions and conditions of the exemption as stated. I will do all of my own work or use all registered and licensed contractors and/or specialty contractors in connection with the work to be performed under the permit applied herein.	
Signature: _____	Date: _____
Print Name: _____	

For information about Contractor Licensing and Registration Requirements, please contact the Washington State Department of Labor & Industries at 1-509-735-0100 (or) <http://www.lni.wa.gov/> (or) <http://lni.wa.gov/TradesLicensing/Contractors/HireCon/default.asp>

PAYMENTS: Make check payable to Columbia County Treasurer or pay with credit card at <https://bit.ly/2XdO1T7>
(minimum \$2 or 2.5% fee applies)

REQUIRED DOCUMENTS		(Additional documents may be required upon completion of review)
<input type="checkbox"/> Manufacturer's Installation Manual	<input type="checkbox"/> Site Plan	• See Sample Site Plan

MANUFACTURED HOME INFORMATION	
YEAR:	MAKE:
<input type="checkbox"/> Single-Wide	<input type="checkbox"/> Double-Wide
<input type="checkbox"/> Triple-Wide	<input type="checkbox"/> Quad-Wide
Manufactured Home Park: (If applicable)	

PROJECT INFORMATION	Description of Work:
Project Valuation (Based on Fair Market Value of Labor and Materials): \$ _____	
Proposed Use (Full time, vacation, cabin):	Type of Foundation:
Total Existing Impervious Surface (sq. ft.):	Total New Impervious Surface (sq. ft.):
Total Existing Lot Coverage (sq. ft.):	Total New Lot Coverage (sq. ft.):
Sewer Connection: <input type="checkbox"/> New <input type="checkbox"/> Revise <input type="checkbox"/> Existing <input type="checkbox"/> N/A	Water Connection: <input type="checkbox"/> New <input type="checkbox"/> Revise <input type="checkbox"/> Existing <input type="checkbox"/> N/A

APPLICANT CERTIFICATION	
* I certify that I am the owner of the property described above (or) the owner(s) authorized agent and I have been given express permission by the owner(s) of the property to submit this application for permit and that I am authorized by the owner(s) of this property to perform the work for which the application is made and I comply with the requirements of the Washington State Contractors Act, per RCW 18.27. I certify that to the best of my knowledge, the information submitted in support of this permit application is true and correct. I understand that issuance of this permit does not remove the owner's responsibility for compliance with local, state or federal laws regulating construction, land use or environmental laws.	
Signature of Applicant: <i>Owner (or) Authorized Agent</i>	Date:
Print Name:	
<p>NOTICE: An application for a permit for any proposed work shall be deemed to be abandoned 180 days after the date of filing unless an application has been pursued in good faith or a permit has been issued.</p>	

STAFF USE ONLY

Zone: Allowed use <input type="checkbox"/> Yes <input type="checkbox"/> No	SEPA Exempt <input type="checkbox"/> Yes <input type="checkbox"/> No RCW Citation:
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Allowed Setbacks :	Front:	Side:	Rear:	Other:
Actual Setbacks:	Front:	Side:	Rear:	Other:
CUP requested <input type="checkbox"/> Yes <input type="checkbox"/> No	Flood Zone <input type="checkbox"/> Yes <input type="checkbox"/> No		Wetland <input type="checkbox"/> Yes <input type="checkbox"/> No	Landslide Hazard <input type="checkbox"/> Yes <input type="checkbox"/> No
Variance requested <input type="checkbox"/> Yes <input type="checkbox"/> No	Elevation Certificate Required <input type="checkbox"/> Yes <input type="checkbox"/> No		Riparian Area <input type="checkbox"/> Yes <input type="checkbox"/> No	Erosion Hazard <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District/Designation:	Aquifer Protection <input type="checkbox"/> Yes <input type="checkbox"/> No		Shoreline <input type="checkbox"/> Yes <input type="checkbox"/> No	Seismic Hazard <input type="checkbox"/> Yes <input type="checkbox"/> No
COA Req'd: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Special Studies submitted:			

NOTES:



SAMPLE SITE PLAN

Parcel # 263994

Site Plan Requirements:

Dimensions shown are for illustration only.

- Property lines.
- North arrow.
- Distance from all buildings and parking areas to property lines.
- Distance between all buildings on the parcel.
- Names of all roads abutting property.
- Location of water and sewer connections or well and septic/drain field.
- Distance of roof overhangs or other projections to property lines.
- Locations and dimensions of all easements.
- Locations and sizes of decks, retaining walls, rockeries, and similar items.
- Location of trees and/or significant landscaping.
- Show electric service as either above ground or below ground.

