COMMERCIAL MISCELLANEOUS PERMIT
510-B Pioneer Street/PO Box 608
Ridgefield, WA 98642
Tel:360.887.3908
Fax:360.887.2507
www.ridgefieldwa.us

OFFICE USE ONLY
PERMIT NUMBER

UPDATED VERSION 2026

❑ CHECK HERE CONFIRMING YOU HAVE VERIFIED WITH CLARK-COWLITZ FIRE RESCUE (CCFR) COMMUNITY RISK REDUCTION DIVISION IF REVIEW IS REQUIRED FOR YOUR PROPOSAL.

❑ YES, REQUIRED
- RECEIPT FOR SUBMITTAL AND PAYMENT TO CCFR IS REQUIRED PRIOR TO PLAN REVIEW

❑ NO, NOT REQUIRED

A. CONTACT INFORMATION:

APPLICANT: **❑ Check box if primary contact**

Contact Name: _____

Company: _____

Address: _____

City, State, ZIP: _____

Phone: _____ Email: _____

Signature: _____

PROPERTY OWNER: **❑ Check box if primary contact**

Contact Name: _____

Company: _____

Address: _____

City, State, ZIP: _____

Phone: _____ Email: _____

Signature: _____
(Signature or aletter of authorization from the owner required)

CONTRACTOR: **❑Check box if primary contact**

Contact Name: _____

Company: _____

Address: _____

City, State, ZIP: _____

Phone:_____ Email: _____

Contractor's License #:_____ Expiration Date: _____

City Business License #:_____ Expiration Date: _____

Signature: _____

CERTIFIED EROSION CONTROL PERSON:_____

B. SITE INFORMATION:

PROPERTY INFORMATION

Site Address: _____Parcel #: _____

Development Name:_____Phase:_____ Lot #: _____

C. BUILDING PERMIT INFORMATION

BUILDING INFORMATION

Project Name: _____

Description of Proposed Work: _____

_____

Value of Proposed Work: _____

Utilities: Public Water/meter size: _____ ❑ Private Well ❑Public Sewer ❑ Septic System

Type of Heat: ❑ Electric ❑Gas ❑ Other:_____

SUBMITTAL CHECKLIST:

1. See the Commercial Building Checklist for plans criteria.
2. Copy of Payment receipt from Clark-Cowlitz Fire Rescue review submittal, if applicable.

(SKIP THIS SECTION BELOW IF CCFR REVIEW IS NOT REQUIRED FOR THIS PROPOSAL)

PRIOR TO BUILDING PERMIT ISSUANCE ACKNOWLEDGEMENT CONFIRMATION

❑ **I confirm that I am aware this permit cannot be issued until Clark-Cowlitz Fire Rescue (CCFR) approves their separate review for this proposal, It is the applicants responsibility to coordinate directly with CCFR on their review and to upload a copy of their Approval Letter to the permit via the city permit portal**

Contact Information:
firemarshal@clarkfr.org
CRR Division @ 360-887-1684

FEES: Plan check fees must be paid prior to review. Payment can be paid via permit portal or make check payable to City of Ridgefield. There may be additional fees related to outside consultant reviews. These fees will be applied to the permit with payment due at the time of permit issuance or Certificate of Occupancy, or when received by the outside consultant.

By affixing my signature hereto, I certify under perjury under penalty of perjury that the information furnished herein is true and correct to the best of my knowledge and that I am the owner of the premises where the work is to be performed or am acting as the owner's authorized agent. I further agree to hold harmless the City as to any claim (including costs, expenses and attorney's fees incurred in investigation of such claim) which may be made by any person, including the undersigned, an filed against the City, but only where such claim arises out of the reliance of the City, including its officers and employees, upon the accuracy of the information provided to the City as a part of this application. The building official may, in writing, suspend or revoke a permit issued under the provisions of this code whenever a permit is issued in error or on the basis of incorrect information supplied, or in violation of any ordinance or regulation or any of the provisions of this code.

_____ _____
Signature of Owner/Authorized Agent Date

_____
Print Owner's or Authorized Agent's Name