

Department of Public Services
Phone: 360-249-4222
Fax: 360-249-3203



100 West Broadway, Suite 31
Montesano, Washington 98563
www.co.grays-harbor.wa.us

PROPERTY DEVELOPMENT APPLICATION

Official Use Only

Case Number: _____ Intake By: _____ Receipt No. _____

Property/Owner Information:

1. Name _____
2. Mailing Address _____
3. Phone _____ Email _____
4. Site Address _____ City _____
5. Parcel No.(s) _____

Applicant Information: *(if different than owner)*

6. Name _____
7. Mailing Address _____
8. Phone _____ Email _____

Contractor Information:

9. Business Name _____
10. Mailing Address _____
11. Phone _____ Email _____
12. Contractor Registration # _____ Expiration Date _____
13. UBI Number _____

Primary Contact:

Owner

Contractor

Applicant

Project Information: New Addition Alteration Repair Demo Other

15. Describe the project _____

16. Use of improvement: Residential Commercial Industrial Garage
Storage Other _____

17. Number of Bedrooms (new + existing) _____ Number of Bathrooms (new + existing) _____

18. Square footage of proposed construction:
Dwelling _____ Garage _____ Decks/Porches _____ Other _____

Mechanical Information:

19. Is the structure heated? Yes No

20. Primary Heat Source (select one):

Furnace Ducted

- Heat Pump: Yes No
- Source: Electric Natural Gas Oil LP Gas
- Tank: Yes – Tank Size _____ gal No

Furnace Ductless

Zone: Wall Heater Radiant Base Board

21. Water Heater: Yes No

- Source: Electric Natural Gas LP Gas
- Tank: Yes – Tank Size _____ gal No

22. Will you be installing a wood burning appliance? Yes No

- Type: Fireplace - _____ (QTY) Wood Stove - _____ (QTY) Other - _____ (QTY)

23. Will you be installing other gas appliances? Yes No

- Source: Natural Gas LP Gas - Tank Size _____ gal
- Type: Range - _____ (QTY) Fireplace – _____ (QTY) Dryer Other – _____ (QTY)

Manufactured Home Information:

24. To be placed in a Park? Yes No
If yes, Park Name _____ Space No. _____

25. Make/Model _____ Length _____ Width _____ Value \$ _____

26. Date of Manufacture _____ Installer _____ WAINS# _____

NOTE: Washington State Department of Labor & Industries (L&I) Fire/Safety Certification must be provided if the mobile home was manufactured *before* July 1976.

Application Statement:

I authorize Grays Harbor County to make any site visits necessary to evaluate this application. I understand that Grays Harbor County assumes no responsibility to notify applicants of the state or federal permit requirements associated with this application. I hereby certify that I have prepared this application and site development plan and that, to the best of my knowledge, the information provided is complete, accurate, and a true representation of the proposed development. I further attest that I have the authority to submit this application and agree to comply with any and all conditions of development permit approval. I agree to provide any additional information required, and understand that if the scope of the project is modified a new application may be required.

27. Owner/Applicant Signature _____ Date _____