



City of Washougal  
Building Division  
1701 C Street  
Washougal, WA 98671  
360-835-8501/ Fax 360-835-8808

### Permit Transfer Request

Permit #	Issue Date	Project address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Name of current permit holder/applicant

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

**Transfers, Assigns, and Delegates all rights, responsibilities, ownership, and obligations established within the above listed permits(s) to:**

\_\_\_\_\_  
Name of new permit holder/applicant

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

**Released by:**

**Acceptance of Permit:**

\_\_\_\_\_  
Signature of Authorized Agent

\_\_\_\_\_  
Signature of Authorized Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date