

REQUEST FOR WITHDRAWAL, EXTENSION AND RE-ACTIVATION OF BUILDING PERMIT APPLICATIONS THAT ARE NOT ISSUED

City of Washougal
Community Development – Building Division
1701 C Street
Washougal, WA 98671
Phone: (360) 835-8501 | www.cityofwashougal.us

DEPARTMENT USE ONLY		
Date Received:	Receipt #:	
Approved By:		

Job Address:		
City, State, Zip:		
Building Application/Permit Number:		
Name:	Telephone Number:	
Mailing Address:		
City, State, Zip:		
This is to request (please check one):		
Withdrawal		
Extension		
Reactivation		
Reason for Request:		
REQUIRED SIGNATURES		
I certify, under penalty of perjury, under the laws of the State of Washington, that the foregoing is true and correct. (RCW 9A.72.085). I/we agree that City of Washougal staff may enter upon the subject property at any reasonable time to consider the merits of the application, to take photographs and to post public notices.		
Applicant's Signature:		Date:

MAILING INSTRUCTIONS: This form may be mailed to the address listed above. Upon approval and processing, a copy of this form showing approval of the request and your receipt will be sent to you by return mail or email.