

Miscellaneous Building Review

TYPE OF PERMIT:	
<input type="checkbox"/> Road Approach (plot plan required) <input type="checkbox"/> Title Elimination <input type="checkbox"/> MOH Storage Only - 180 days (plot plan required) <input type="checkbox"/> Hulk Hauler	
Project Site Address:	Parcel #:
Applicant Name:	Address:
E-mail Address:	Phone and Fax:
Property Owner:	Address
E-mail Address:	Phone and Fax:
Contact Person:	Address:
E-mail Address:	Phone and Fax:
Description of proposal or request:	
Title Elimination and MOH Storage	
Year of Mobile:	Size of Mobile:
Original Mobile Home Permit #:	Date of Occupancy:
Tax lot or Lot #:	Zoning:
Serial #, License #, or Plate #:	

AUTHORIZATION

The undersigned hereby certifies that this application has been made with the consent of the lawful property owner(s) and that all information submitted with this application is complete and correct. False statements, errors, and/or omissions may be sufficient cause for denial of the request. This application gives consent to the county to enter the properties listed above.

Authorized Signature

Date

Revised 5/18/15



Community Development
 1300 Franklin Street, Vancouver, Washington
 Phone: (360) 397-2375 Fax: (360) 397-2011
www.clark.wa.gov/development



For an alternate format,
 contact the Clark County
 ADA Compliance Office.
 Phone: (360)397-2322
 Relay: 711 or (800) 833-6384
 E-mail: ADA@clark.wa.gov