



CLARK COUNTY PUBLIC HEALTH

1601 E. Fourth Plain Blvd.
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(360) 397-8428 • Fax (360) 397-8084

For Office Use Only:

DEVELOPMENT REVIEW APPLICATION

ALL FEES ARE NON-REFUNDABLE; FEES MAY BE CHANGED WITHOUT NOTICE BY BOARD OF HEALTH

ID # _____

PROJECT NAME _____

PROJECT ADDRESS _____ ZIP _____

APPLICANT NAME _____ PHONE _____

APPLICANT ADDRESS _____ ZIP _____

CONTACT PERSON _____ PHONE _____

CONTACT ADDRESS _____ ZIP _____

Directions to site:
(from nearest arterial) _____

Property dimensions _____

Tax Serial #(s) _____ • _____ Legal description: Quarter _____ Sec. _____ Twn. _____ Range _____

Development Type: Short Plat (# of lots _____); Subdivision (# of lots _____); Conditional Use Permit _____;
Site Plan Review _____; Other (specify) _____

County/City File #s _____

Existing Water Supply: Municipal _____; Community well (# homes served _____); Individual well _____; Supply owner _____

Proposed Water Supply: Municipal _____; Community well (# homes served _____); Individual well _____; Supply owner _____

Existing Sewage System: Public Sewer _____; (Purveyor _____); Individual _____; Other _____

Proposed Sewage System: Public Sewer _____; (Purveyor _____); Individual _____; Other _____

Land Use: Current use: _____

Historical uses of this property (for example, dairy farm, landfill, gas station, etc.): _____

Present Property owner/s: _____

Past owners, names on existing septic permits, etc. (if known): _____

I VERIFY THAT ALL INFORMATION SUBMITTED BY ME IS ACCURATE :

APPLICANT'S SIGNATURE: _____ **DATE:** _____

Note: Applicant's signature grants Clark County Public Health permission to enter the site and non-residential buildings.

HEALTH DEPARTMENT USE ONLY

Fee: _____ AR#: _____ INV #: _____ SR#: _____

Application Packet Received by _____ Date _____

EHS site visit date(s): _____ by _____