City of Winlock



Community Development Department

Storage Container/Cargo Placement Application

PO Box 777 • 323 N.E. First Street Winlock, WA 98596-0777 360.785.3811 • fax 360.785.4378 winplan@cityofwinlock.com

PROPERTY INFORMATION Site Address: Parcel #: Parcel Sq. Footage: Legal Description: PROPERTY OWNER INFORMATION Name(s):	ARDS.						
PROPERTY INFORMATION Site Address: Parcel #: Parcel Sq. Footage: Legal Description: PROPERTY OWNER INFORMATION Name(s):							
PROPERTY INFORMATION Site Address: Parcel Sq. Footage: Legal Description: PROPERTY OWNER INFORMATION Name(s):	container/cargo and site area must be always kept clean per WMC 8.10.020						
Site Address: Parcel #: Parcel Sq. Footage: Legal Description: PROPERTY OWNER INFORMATION Name(s):							
PROPERTY OWNER INFORMATION Name(s):							
PROPERTY OWNER INFORMATION Name(s):							
Name(s):							
Mailing Address: City/St/Zip:							
Phone #: Email:							
APPLICANT INFORMATION (if different than property owner) Contractor Authorized Agent Name(s):							
Mailing Address: City/St/Zip:							
Phone #: Email:							
Phone #: PROJECT INFORMATION □ Self-Installed							
☐ Contractor Name: Phone #:							
L&I License #: Expiration Date :							
STORAGE CONTAINER/CARGO INFORMATION							
Placement Type: New Replacement (no more than 5yrs old and must be clean and/or freshly Make: Model: Price: \$	painted) Year:						
I/we certify that all plans, specifications, and other submissions required in support of this application conform to the requireme and local codes and applicable laws and ordinances; and I certify that I am either the current legal owner of this property or their representative. With this document, I take full responsibility for the lawful action that this document allows.	ir authorized						
I certify that I have read and understand the limitations and conditions of the Winlock Code and agree to comply with all conditi understand that any permits issued by the City of Winlock, consistent with the attached site plan, are valid ONLY if construction this plan and all other conditions of the permit are followed. By my signature below, I affirm that all the information and docume application are true and accurate to the best of my knowledge.	is in accordance to						
Signature Date							

Signature

FOR OFFICIAL USE ONLY

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Minimum Requirements		Date R	Req'd	Initial	Additional App	olications	Date Req'd	Initial
				Rec				Rec
Completed Application					Grading Permi	t (50+ cf fill/grade)		
PTE Form					Other:			
Assessor's Map								
Site Plan								
Utility Service Application								
Planning Review								
L&I Safety Inspection								
Cross Connection Compliance								
In Urban Growth Area (UGA):		☐ Yes	5	□ No				
Zoning Comments:								
SEWER		WATE	WATER			BUILDING FEES	AMOUNT	
Required: Yes □ No □		Requi	Required: Yes □ No □			Plan Review	\$	
Hookup Fee: \$		Hook	Hookup Fee: \$			TOTAL BUILDING FEE:	\$	
Facility Imp Fee: \$		Facility Imp Fee: \$				SPECIAL CONDITIONS:		
Date Issued:		Date Issued:						
Permit #:		Water System ID #:						
TOTAL HOOKUP FEE:		TOTAL HOOK UP FEE:						
Facility Imp Fee: \$	llity Imp Fee: \$ Fac		Facility Imp Fee: \$					
OTHER PERMIT FEES	AMOUN	IT						
application fee	\$							
grading permit	\$							
meter fee	\$							
water deposit								
other permit fees								
TOTAL OTHER FEES:	R FEES: \$							

Updated: September 2023

Date Received:	
Received By:	
Date Approved:	
Permit #:	
TOTAL Fees Due:	
Date Paid:	
Rct #:	

City Official Signature:	
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