

# COUNTY ROAD PERMIT APPLICATION



**RETURN TO:**  
 Skamania County Public Works  
 PO Box 1009  
 Stevenson, WA 98648  
[permitcenter@co.skamania.wa.us](mailto:permitcenter@co.skamania.wa.us)

This Space for Skamania County Use Only	
Permit Number:	_____
Road Name:	_____
County Contact:	Sarah Kellie
Contact Phone No:	(509) 427-3900

NAME: _____
MAILING ADDRESS: _____
CITY-STATE-ZIP: _____
PHONE NUMBER: _____
EMAIL ADDRESS: _____
PARCEL#: _____
ROAD NAME: _____

Type of Work/Permit Requested	
<input type="checkbox"/>	UTILITY
<input type="checkbox"/>	SPECIAL RIGHT OF WAY USE
<input type="checkbox"/>	COUNTY ROAD APPROACH
<input type="checkbox"/>	ADDRESSING
<input type="checkbox"/>	AGRICULTURAL/LOGGING
<input type="checkbox"/>	COMMERCIAL/DEVELOPMENT
<input type="checkbox"/>	ALTERATION/CHANGE OF USE
<input type="checkbox"/>	POLITICAL SIGNS

The undersigned hereby applies for permission to (describe work):

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**\*REQUIRED\***

**THIS APPLICATION WILL NOT BE PROCESSED WITHOUT A SKETCH OR MAP ATTACHED**

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|--|
| <ol style="list-style-type: none"> <li>1. Draw sketch or attach map showing where on your parcel you intend on doing work</li> <li>2. Mark the proposed approach/work area with blue top stakes. (County will supply stake)</li> </ol> |
|--|

Date: \_\_\_\_\_

\_\_\_\_\_  
 (Signature of Applicant)