

CITY OF CAMAS BUILDING DEPARTMENT

PRE-APPLICATION FORM FOR RETAINING WALLS	
<i>FAX THIS FORM 24 HRS PRIOR TO BRINGING IN PLANS. FAX # (360) 834-8863</i>	
DATE:	
PROJECT ADDRESS/SITE	
OWNER NAME	PHONE
OWNER ADDRESS	
CONTRACTOR	PHONE
LICENSE #	EXPIRATION DATE
PROJECT INFORMATION	
REQUIRED SUBMITTAL DOCUMENTS FOR PLAN REVIEW:	
<ul style="list-style-type: none">○ Submit calculations stamped by a Washington State licensed engineer for walls over 4 feet in height.○ Elevation of retaining wall○ Applicable plans, diagrams, computations, specifications, engineering for project○ Valuation of project \$ _____○ Plot plan showing location of retaining wall <p style="text-align: center;">(Provide two copies of each item submitted)</p>	

FOR QUESTIONS OR ASSISTANCE CALL 817-1568