

E- Permits Enrollment Form

CITY OF VANCOUVER

Submit to: 415 W 6th ST ~ Vancouver, WA 98660 PO Box 1995 ~ Vancouver, WA 98668 Phone (360) 487-7800 Fax (360) 487-7808

To ensure expedited processing of application, it is suggested that this form be e-mailed to the Permit Center at: <a href="maileouter-maileout

Requested User Name #1:		
Requested User Name #2:		
Secret Question:	☐ Name of High School	☐ Mother's Maiden Name
Secret Question Answer:		
Please check one of the following applicable boxes:		
	<u> </u>	
☐ Contractor		
Business Name:		
Contact Name:		
Corporate Address:		
City/State/Zip:		
Local Address:		
City/State/Zip:		
Phone:		
Fax:		
E-mail (required):		
Contractor License Number:		
Homeowner		
Contact Name:		
Address:		
City/State/Zip:		
Phone:		
Fax:		
E-mail (required):		

Once you receive verification from the City Permit Center that your login has been created, go to epermits.cityofvancouver.us and login using your user name. The first time you login, your password will be the same as your user name. Before logging in, please use the "Forgot your password" link to update your password.