

Confederated Tribes of the Chehalis Reservation
Chehalis Planning Department
 POB 536
 Oakville, WA 98568
 (360) 858-1507
 (360) 273-5914



Project Application & Permitting Checklist Residential Permit

STAFF USE ONLY		
Permit No.	Intake by:	Date:
Fee Paid \$	Receipt #	

Property lot, parcel number or legal description:
Property Address:
Property Owner:

Name of Applicant:
Address of Applicant:
Phone #: _____ Cell #: _____
Other contact information:
E-mail address:

Contractor
Name _____ Phone: _____
License # _____
Septic Designer
Name _____ Phone _____

Construction:			
Main Floor sq ft		# of bedrooms	
2nd Floor sq ft		Outbuildings	
Garage sq ft		Total Sq Ft	

Is this a Mobile Home?	Year, make, model
Dimensions: _____ ft x _____ ft	
Mobile home serial number:	
Mobile home transporter:	

Property Information		
Water Supply	<input type="checkbox"/> Existing	<input type="checkbox"/> Proposed
<input type="checkbox"/> Single family well	<input type="checkbox"/> Multi-family well	<input type="checkbox"/> I.H.S. scattered site
<input type="checkbox"/> Community water system		
Sewage/Septic	<input type="checkbox"/> Existing	<input type="checkbox"/> Proposed
<input type="checkbox"/> Septic System		<input type="checkbox"/> I.H.S. scattered site
Road Access	<input type="checkbox"/> Existing	<input type="checkbox"/> Proposed
<input type="checkbox"/> Private driveway	<input type="checkbox"/> Shared driveway	
<input type="checkbox"/> Private Road (name) _____		
<input type="checkbox"/> Public Road (name) _____		
Has property been surveyed for this project? <input type="checkbox"/> yes <input type="checkbox"/> no		
Are property corners and lines marked on site? <input type="checkbox"/> yes <input type="checkbox"/> no		
Is the project located within a floodplain or prone to flooding? <input type="checkbox"/> yes <input type="checkbox"/> no		
The Chehalis Flood Damage Prevention Ordinance requires that a project located within a floodplain must meet Flood Hazard Reduction standards, in compliance with the National Flood Plain Insurance Program.		
Is the property located within 300' of a: <input type="checkbox"/> river or creek <input type="checkbox"/> wetlands <input type="checkbox"/> none		
Name of river or creek _____		
Is the property located within 150' of a cemetery? <input type="checkbox"/> yes <input type="checkbox"/> no		
Has the property ever flooded? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know		

Project Information
Project start date:
Brief description of project:
Are there plans for future additions to the project? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe:

Environmental Checklist
<input type="checkbox"/> Will the project create a source of water runoff, including storm water?
<input type="checkbox"/> Will the project require surface or groundwater withdrawals?
<input type="checkbox"/> Does this project involve removal or import of fill?
<input type="checkbox"/> Is the project located in an area of historic, archaeological or cultural importance to the Tribe?
<input type="checkbox"/> Will the project result in loss or alteration to natural habitat?

Submitted by (signature): _____

For Office Use

Review:

Dept of Planning _____ Date _____

Real Estate Officer _____ Date _____

Dept of Natural Resources _____ Date _____

Chehalis Business Committee _____ Date _____

Permit Approved _____ Yes _____ No Date _____