



Planning Department

420 Howanut Road., P.O. Box 536., Oakville WA 98568

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STAFF USE ONLY

Permit # _____

Intake by: _____

Date: _____

Fee Paid: _____

Receipt #: _____

**Non-refundable fees are due
upon submitting application**

Project Application & Permitting Checklist Non-Residential (Commercial) Permit

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

Property lot, parcel number or legal description:

Property Address:

Name of Applicant:

Address of Applicant:

Phone #: _____ Cell #: _____ Fax #: _____

Other contact information:

E-mail address:

Company or owner name if different than that of applicant:

Company/owner mailing address:

Phone #: _____ Fax # _____

E-mail address:

Contractor

Name _____ Company Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax #: _____

License # _____ Expire date: _____

Architect

Name _____ Company Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax #: _____

License # _____ Expire date: _____

Engineer

Name _____ Company Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax #: _____

License # _____ Expire date: _____

Other A&E

Name _____ Company Name: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Fax #: _____
 License # _____ Expire date: _____

Other A&E

Name _____ Company Name: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Fax #: _____
 License # _____ Expire date: _____

Permits Associated with this Application	
Permit #	Type
Permit #	Type
Permit #	Type
Permit #	Type
Permit #	Type
Permit #	Type

Work Type	Brief description
New	
Addition	
Remodel	
Repair	
Change of Occupancy	
Other	

Construction	
Building sq ft al floor levels	
Construction Type	
Heat Source	

Property Information	
Water Supply	<input type="checkbox"/> Existing <input type="checkbox"/> Proposed
<input type="checkbox"/> Well	<input type="checkbox"/> Community water system
Sewage/Septic	<input type="checkbox"/> Existing <input type="checkbox"/> Proposed
<input type="checkbox"/> Septic System	<input type="checkbox"/> Community sewage system
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 every 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?

Print Name: _____

Submitted by (signature): _____ **Date:** _____

For Office Use

Review:

Dept of Planning _____ Date _____

Dept of Natural Resources _____ Date _____

Chehalis Business Committee _____ Date _____

Permit Approved _____ Yes _____ No Date _____