



Planning Department

420 Howanut Road., P.O. Box 536., Oakville WA 98568
PHONE: (360) 273-5911 **FAX:** (360) 273-9317
EMAIL: mmedina@chehalistribe.org

STAFF USE ONLY

Permit # _____
Intake by: _____
Date: _____
Fee Paid: _____
Receipt #: _____

Application & Permitting Checklist Residential Permit

\$25 Fee

Applications must be completed in full.

Incomplete applications will not be processed.

Non Refundable fee is due upon submitting application

Make checks payable to Chehalis Tribe or pay via PayPal at
<https://www.chehalistribe.org/products/business-license/>

Applicant Name: _____ Business Name: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ Cell Phone: _____ Fax: _____

Email: _____

Property Allotment/parcel number or legal description:

Property Address: _____

Contractor:

Contact: _____ Business Name: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

License # _____ Expire Date: _____

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? Yes No

Dimensions: _____ ft. x _____ ft. Year, make, model: _____

Mobile home serial number: _____

Mobile home transporter: _____

Property Information:

Water Supply: Existing Proposed Well Community water system

Sewage/Septic: Existing Proposed Well Community water system

Road Access: Existing Proposed Private driveway Shared driveway

Private Road (name): _____

Public Road (name): _____

Has the property been surveyed for this project? Yes No

Are property corners and lines marked on site? Yes No

Is the project located within a floodplain or prone to flooding? Yes 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 river or creek wetlands none

Name of river or creek: _____

Is the property located within 150' of a cemetery? Yes No

Has the property ever flooded? Yes No

Project Information:

Project start date: _____

Brief description of project:

Plans Attached: Yes No

Are there plans for future additions to the project? Yes No

Describe:

Environmental Checklist:

- Will the project create a source of water runoff, including storm water?
- Will the project require surface or groundwater withdrawals?
- Does this project involve removal or import of fill?
- Is the project located in an area of historic, archaeological or cultural importance to the tribe?
- Will the project result in loss or alteration to natural habitat?

Print: _____ **Signature:** _____

Date: _____

Review:

Dept of Planning _____ Date: _____

Real Estate Officer: _____ Date: _____

Dept of Natural Resources: _____ Date: _____

Business Committee: _____ Date: _____

Approved: ____ Yes ____ No