



Planning Department

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STAFF USE ONLY

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

MASTER BUILDING PERMIT APPLICATION

Business Name: _____ Applicant: _____

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

Phone: _____ Email address: _____

Allotment or Parcel Number: _____

Property Owner: _____ Site Address: _____

Please Check One: Residential Commercial

Permit Type: Building Mechanical Electrical Grading Demolition Mobile Home Plumbing
 Road Construction, Repair and Maintenance Other (Please Describe): _____
 Supporting Documents Attached

Type of Work: New Structure Addition Propane Appliance Interior Renovation Wood/Pellet Stove

Utility Work: Community Sewer Connection New Electrical Services
 Onsite Septic System New Driveway Approach
 Community Water Connection Private Well

Please describe what you are planning to do and exact department and location:

Who will be performing the work? Self Contractor Other: _____

Print Name: _____

Applicant Signature: _____ Date: _____