Application & Permitting Checklist

Residential Permit

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.: ______________

$25 Fee
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