



## Planning Department

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

### STAFF USE ONLY

Permit # \_\_\_\_\_  
Intake by: \_\_\_\_\_  
Date: \_\_\_\_\_  
Fee Paid: \_\_\_\_\_

### Utility Permit Application Permitting Checklist Commercial-Residential

**\$25 Fee**

Applications must be completed to the best of your ability.

If you don't know the answer, please leave blank.

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 Number, parcel number or legal description:**

#### **Property Address:**

#### **Contractor:**

Contact: \_\_\_\_\_ Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
License # \_\_\_\_\_ Expire Date: \_\_\_\_\_

#### **Architect:**

Contact: \_\_\_\_\_ Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
License # \_\_\_\_\_ Expire Date: \_\_\_\_\_

#### **Engineer:**

Contact: \_\_\_\_\_ Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
License # \_\_\_\_\_ Expire Date: \_\_\_\_\_

**Additional Engineer/Architect:**

Contact: \_\_\_\_\_ Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
License # \_\_\_\_\_ Expire Date: \_\_\_\_\_

**Additional Engineer/Architect:**

Contact: \_\_\_\_\_ Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
License # \_\_\_\_\_ Expire Date: \_\_\_\_\_

**Permits Associated with this Application:**

Type: _____	Permit #: _____
Type: _____	Permit #: _____
Type: _____	Permit #: _____
Type: _____	Permit #: _____
Type: _____	Permit #: _____

**Work Type and Description:**

New: \_\_\_\_\_  
Addition: \_\_\_\_\_  
Remodel: \_\_\_\_\_  
Repair: \_\_\_\_\_  
Change of Occupancy: \_\_\_\_\_  
Other: \_\_\_\_\_

**Construction:**

Building sq. ft. all floor levels: \_\_\_\_\_  
Construction Type: \_\_\_\_\_ Heat Source: \_\_\_\_\_

**Property Information:**

**Water Supply:**  Existing  Proposed  Well  Community water system

**Sewage/Septic:**  Existing  Proposed  Well  Community water system

**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:**

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

**Describe:**

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**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:** \_\_\_\_\_