Planning Department

420 Howanut Road., P.O. Box 536., Oakville WA 98568
PHONE: (360) 709-1807 **EMAIL**: mmedina@chehalistribe.org
https://www.chehalistribe.org/departments/planning-department-about-us/

Non-Refundable administration fees are due upon submitting application.

Administration Fee: $50

Master Building Permit Application

Business Information

Contact Name: _____ Business Name: _____
Mailing: _____ City: _____ St: ____ Zip: _____
Phone: _____ Email: _____

Building Information

Allotment/Parcel Number: _____
Property Owner: _____
Property Address: _____ City: _____ St: ____ Zip: _____
Phone: _____ Email: _____

Reference the Entire building, not just the portion affected by this permit
[ ] Residential, Number of Dwelling Units _____
[ ] Commercial [ ] Other Use Type

Mechanical Fixtures Typical residential fixtures are **bold**.

A/C Unit/Heat Pump		**Gas Fireplace Insert**	
Up to 15 HP/ton		**Gas Piping** (If new or replaced gas piping is installed, indicate the number of outlets - each fixture or stub-out is considered one outlet)	
15 HP/ton to 30 HP/ton			
31 HP/ton and up			
Air Handling Unit		O/H Fire Sprinkler Systems	
Alteration/Relocation/Repair		Type I Hood Systems/Fire Suppression	
Boiler (backflow prevention is required)		Type II Hood Systems/Fire Suppression	
Residential Boiler ≤ 500 BTU		**Unit Heater**	
Non-Residential Boiler Venting		Ventilation System: (choose one)	
Clothes Dryer Exhaust		ERV System (Energy-Recovery Ventilator)	
Dampers – Fire/smoke		HRV System (Heat-Recovery Ventilator)	
Exhaust Fan		**Wood Stove**	
Fire Log/Lighter – Gas		**Wood Fireplace Insert**	
Floor Furnace		Refrigeration Units	
Forced Air Furnace		Other (please describe):	
Gas Appliance – Cooking			

Please Attach All Required Supporting Documents/Shops Etc.

APPLICATIONS MUST BE COMPLETED AND NON-REFUNDABLE FEES PAID BEFORE PROCESSING

Contractor(s) Information

Complete as many entries as necessary to Indicate all responsible parties: contractor, design professional, engineer, tenant, etc.

Name: _____ Business Name: _____
Address: _____ City: _____ St: _____ Zip: _____
Phone: _____ Email: _____
License #: _____ Expiration Date: _____

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Name: _____ Business Name: _____
Address: _____ City: _____ St: _____ Zip: _____
Phone: _____ Email: _____
License #: _____ Expiration Date: _____

Current Business License? [ ] Yes [ ] No
(If not, vendor(s) must purchase one prior to work.)

ACKNOWLEDGEMENT TO BE COMPLETED BY SOLE OWNER OR PRINCIPLE OFFICER

I certify that the statements made in this application are true. **I understand that my business, including employees representing my business, must comply with the Chehalis Tribal Code, any applicable Federal laws and Planning Department Regulations while working within the boundaries of the Chehalis Reservation. Failure to comply can result in fines or revocation of the business license and/or permits.** Any permit granted hereunder may be revoked with notice or formal hearing by the Planning Department or Business Committee upon their finding that an application has provided false information for a permit application or has violated any regulation of this ordinance. I understand that it is my responsibility to ensure all vendors have a current valid Tribal Business License prior to conducting any further business on the Chehalis Reservation.

Printed Name: _____ Date: _____

Signature: _____