



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.



Mechanical Permit Application

Administration Fee: \$50

Business Information

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

Project Information

Property Owner: _____
Property Address: _____ City: _____ St: _____ Zip: _____
Phone: _____ Email: _____
Location or dept. within the property address (Kitchen, Planning Dept. etc.): _____

Fuel Type: _____ Gas: _____ Electric: _____ Wood: _____ Other: _____

Building Information

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 $\leq$ 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):	

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

Please Attach All Required Supporting Documents/Shops Etc.

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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License #: _____ Expiration Date: _____

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: _____