



Planning Department

420 Howanut Road., P.O. Box 536., Oakville WA 98568

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<https://www.chehalistribe.org/departments/planning-department-about-us/>



Non-Refundable administration fees are due upon submitting application.

Utility Permit Application

Administration Fee: \$50

Business Information

Applicant Name: _____ Business Name: _____
Address: _____ City: _____ St: _____ Zip: _____
Phone: _____ Email: _____

Property Information

Owner(s): _____ Phone: _____
Address: _____ City: _____ St: _____ Zip: _____
Allotment/parcel # or legal description: _____
Beginning Location _____ Ending Location _____ Total Lineal Feet _____

Installation Information

Please Check One:

- ☐ Power ☐ Sewer
☐ Water ☐ Other
☐ Gas
☐ Telecommunications

Please Check All That Apply

- ☐ Buried
☐ Aerial
☐ Surface Feature (pole, ped, vault)
☐ Attached to a bridge/structure

Submit the following documentation:

Plan Sheets
Traffic Control plan
Inadvertent Discovery Plan
(Template available upon request)

Describe Installation Type (Briefly Explain)

Anticipated Construction Start Date: _____

Project Duration: _____

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: _____