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.

Special Use 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:____

Contractor(s) Information

Type: (engineer, architect, construction, etc) ____

Name: ________________________________Business: _________________________________

Address: ______________________________ City: _______________ St: ______ Zip: ________

Phone:__________________ Email: ____

Contractors License #: __________________________Exp. Date: __________________________

Type: (engineer, architect, construction, etc) ____

Name: ________________________________Business: _________________________________

Address: ______________________________ City: _______________ St: ______ Zip: ________

Phone:__________________ Email: ____

Contractors License #: __________________________Exp. Date: __________________________

Type: (engineer, architect, construction, etc) ____

Name: ________________________________Business: _________________________________

Address: ______________________________ City: _______________ St: ______ Zip: ________

Phone:__________________ Email: ____

Contractors License #: __________________________Exp. Date: __________________________

Type: (engineer, architect, construction, etc) ____

Name: ________________________________Business: _________________________________

Address: ______________________________ City: _______________ St: ______ Zip: ________

Phone:__________________ Email: ____

Contractors License #: __________________________Exp. Date: __________________________

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

Project Information

Please Check One:	Project Start Date:	Project Valuation:
☐ New ☐Addition ☐ Repair ☐ Demo ☐ Other _____ ☐ Change of Occupancy		
Description of Project:		

Square Footage: Basement: _____ Main Floor: _____ 2nd Floor: _____ 3rd Floor: _____ Garage: _____
Other: _____ # of Bedrooms: _____ **Total sq. ft.:** _____

Water Supply	Sewage/Septic:
☐ Existing ☐ Proposed ☐ Single Family Well ☐ I.H.S Scattered Site ☐ Multi Family Well ☐ Community Water System	☐ Existing ☐ Proposed ☐ Septic System ☐ I.H.S Scattered Site
Road Access: ☐ Existing ☐ Proposed ☐ Private Driveway ☐ Shared Driveway **Road Name:** ☐ Public ☐ Private	

Property Surveyed: ☐ Yes ☐ No **Corners/lines marked on site:** ☐ Yes No

Property located within a floodplain or prone to flooding: ☐ Yes ☐ No

Tribal Flood Damage Prevention Ordinance 11.20 requires that a project located within a flood plain must meet Flood Hazard Reduction standards, in compliance with the National Flood Plain Insurance Program.

Property Location within 300': ☐ River/Creek ☐ Wetlands ☐ None

Property Location within 150' of a Cemetery: ☐ Yes ☐ No

Environmental Checklist

☐ Project will create a water runoff, including storm water.
☐ Project will require surface/groundwater withdrawals.
☐ Project will involve removal or imported fill. Disposal method: _____
☐ Project is located within historic, archaeological or has cultural importance to the Chehalis Tribe.
☐ Project will result in loss or alteration to the natural habitat.
☐ Project will require sewage disposal.

Required Documentation:

Environmental Assessment/Abatement attached: ☐ Yes ☐ No
Septic Tank Removal: ☐ Yes ☐ No
Well Decommissioning: ☐ Yes ☐ No
Current Business license: ☐ Yes ☐ No

Additional construction at this site in the future? ☐ Yes ☐ No ☐ Unsure (skip if demo app)

If yes please explain: _____

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: _____