Form 1(10/25/2016)

Applicant Conference Application

Submit this form and any required attachments to:

City of Chehalis
Community Development Department
1321 S. MARKET BLVD.
CHEHALIS WA 98532
(360) 345-2229

APPLICANT FILL OUT AND SIGN UPPER SECTION:

JOB ADDRESS: _____

APPLICANT:
NAME: _____
ADDRESS: _____
CITY/ST/ZIP: _____
PHONE#: _____
EMAIL: _____

PROPERTY OWNER *(Same as Applicant? Yes ☐ No ☐)*
NAME: _____
ADDRESS: _____
CITY/ST/ZIP: _____
PHONE#: _____
EMAIL: _____

CONTACT PERSON *(Same as Applicant? Yes ☐ No☐)*
COMPANY NAME: _____
NAME _____
ADDRESS: _____
CITY/STATE/ZIP _____
PHONE # _____
EMAIL: _____

CONTRACTOR *(Same as Property Owner? Yes☐ No ☐)*
COMPANY: _____
CONTRACTOR REGISTRATION # _____
ADDRESS: _____
CITY/STATE/ZIP _____
PHONE # _____
EMAIL: _____

DETAILED PROJECT DESCRIPTION:

_____

_____

_____

_____

PROJECT VALUE: _____

Verbal comments made during discovery are not binding. Only the plan(s) submitted will be reviewed for compliance with applicable codes. By signing below, I grant permission for City of Chehalis employees to enter and remain on the property for the purpose of review and approval of this proposal and to conduct inspections related to this proposal.

Signature:	***Date:***
Name (print):	***Telephone #:***

OFFICE USE ONLY:

Date Received: _____ *By:* _____ *Date Reviewed:* _____ *By:* _____
Parcel #: _____ *Zoning:* _____ *Flood Zone:* _____
Permit #: _____