Development Review Committee Agenda

Chehalis Building and Planning Department May 4, 2022, at 9 A.M. Meeting Location: Chehalis Airport Conference Room

9:00 AM

Plan Review:

UGA-VR-22-001; 153 Hamilton Rd. The applicant is requesting to connect to City water, while retaining their connection to an existing well. The site is within a mapped wetland, Critical Aquifer Recharge Area, and stream buffer. Lewis County Parcel #017897022001

9:30 AM

Plan Review:

ST-21-0013; 2844 Jackson Hwy. The applicant is proposing the construction of a 1,001,625 square foot warehouse facility, with paved areas, a drainage system, water and sewer extensions, and landscaping. This project has received an MDNS on April 11, 2022, including conditions related to fire service and road access. Lewis County Parcel # 017800001009, 017800001010, and 017800003000

10:00 AM

Special Event Permit:

SE-22-004; 547 NW Pacific Ave and 545 N Market Blvd. The applicant is applying for a special event to host a Bridal Expo with vendors and food at two locations on May 14 and 15. The event is expected to only take place in private property. Lewis County Parcel # 004556000000 and 004521000000

10:30 AM

Special Event Permit:

SE-22-005; Boistfort St between Pacific Ave and Market Blvd. The applicant is applying for a special event permit for the Chehalis Farmers Market, requiring street closure every Tuesday from 7am – 5pm June 7 to October 27. There will be vendors and food. No associated parcel numbers.

11:00 AM

1. Interdepartmental meeting



Return your permit application to Community Development
Department
1321 S Market Blvd. Chehalis, WA 98532
(360) 345-2229
www.ci.chehalis.wa.us email: comdev@ci.chehalis.wa.us
Job site address: 153 Hamilton Rd Parcel #: 017897022001
Applicant/Contact Person N.
Name: Poug AmmAN
Mailing address: 153 Hamilton Rd N
City, State, and Zip: Chehalis WA 98532
Phone #: 360-748-3440 Email: (required) douga @ tylerrental.com
Is the property owner the same as the applicant: Yes 🗌 No 🗌 If yes, you may skip the property owner section
Property Owner
Name: Tyler Rental Inc
Mailing address: 153 Hamilton Rd N.
City, State, and Zip: Cheholin WA 9X532
Contractor/Engineer/Surveyor Contractor's L&I #:
Contact Name: kelly / Dianne
Company/Firm Name: DJ'S Plum bing
Mailing address: 2619 Foron Rd
City, State, and Zip: Centralia WA 98531
Phone #: 360 - 736 - 6444 Email: (required)
Project Description: (Create a project narrative on a separate page if there is not enough room to completely describe your project below.)
City water Connection
Current market value of proposed work:
(Fair market labor and materials)
Only the plan(s) submitted will be reviewed for compliance with applicable codes. By signing below, you grant permission for any City of Chehalis employee the right to access 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:
00ug mm 2/18/2022
Print Name:
Jour Manda
Office use only p
Received by: Date Received: RECEIVED Building & Planning
Parcel #:01789 +037001
Permit #: $9N - \partial \partial - \partial \partial \phi$ FEB 1 8 2022
Zoning: RUGA-CG
Flood Zone: yes no Zone Classification: City of Chehalis

Updated: 2021-05-28

\\gensrv\Shares\Building & Planning\Application Forms\updated application forms 2021\Cover Sheet.docx

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I have personally examined and am familiar with the information submitted in this document and any attachments. I believe the submitted information is true, accurate and complete. I understand the penalty for submitting false information includes the possibility of fines and/or imprisonment.

Signature of Authorized	Representative: <u>N</u>	<u>ame (print):</u>	1	Date:	<pre>/ Telephone #:</pre>	
Vough		Done 1	Amara		22 360-23	1-5461
		c		1991		

Applications must be signed as follows: Corporations, by a principle executive officer of at least the level of Vice President; partnership by a General Partner; sole proprietorship by the Proprietor, (ref: 40 CFR Part 403.12 (1))

DISCLOSURE: Title 40 of the Code of Federal Regulations Part 403.14 requires information provided in this questionnaire identifying the nature and frequency of discharge to be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2 and applicable State Law. Should a discharge permit be required for your facility, this information may be used to issue the permit. Washington State DOH Cross Connection Control (CCC) Regulations, WAC 246-290-490 and Chapter 10 of the Uniform Plumbing Code identify requirements related to the City's CCC program.

	Subm C Community 1321 CHE	nned Unit Development Attachment it with Cover Sheet ity of Chehalis Development Department S MARKET BLVD HALIS, WA 98532 email: comdev@ci.chehalis.wa.us
Choose one:	Conditional Use Variance	Planned Unit Development (P.U.D.)
	A SEPA checklist is require	ed with Conditional Use or PUD applications.
Address:	ROPERTY INFORMATI 53 Ham; Iton) 017897027	ON: Rd N. Chehalis wA 98532 2001
-		
LOT WIDTH	DEPTH	SQ. FT
if necessary):		ION OF THE PROPOSAL (attach additional pages to connect to $C't$

Water. I am requesting that we connect our existing well to our work station. No other connections to the well. Please see attached, proposed plans.

1. WHAT IS THE USAGE OF OTHER SURROUNDING PROPERTIES IN THE VICINITY OF THIS PROPOSAL?

· Commercial, Equipment Sales -m

2. IS THERE A UNIQUE CIRCUMSTANCE RELATIVE TO YOUR PROPERTY, BUT NOT THE REST OF THE NEIGHBORHOOD, THAT MAKES THE CONDITIONAL USE OR VARIANCE NECESSARY? Such as, size, shape, topography, location, surroundings, etc.

None except we would not want water to wash equipment use City

3. WILL THIS PROPOSAL, IF GRANTED, AFFECT ANY OTHER ADJACENT PRIVATE OR PUBLIC PROPERTY IN ANY PHYSICAL MANNER OR BE MATERIALLY DETRIMENTAL? \mathcal{N}_{o}

4.	WILL	THIS	PROPOSAL,	IF	GRANTED,	AFFECT	THE	VISUAL
CHA	RACTER	ISTICS	OF THE NEIGH	IBOR	RHOOD?			

5. WILL THIS PROPOSAL, IF GRANTED, AFFECT THE COMPREHENSIVE PLAN FOR THE ZONE, VICINITY, OR NEIGHBORHOOD? $\cancel{N_{\circ}}$

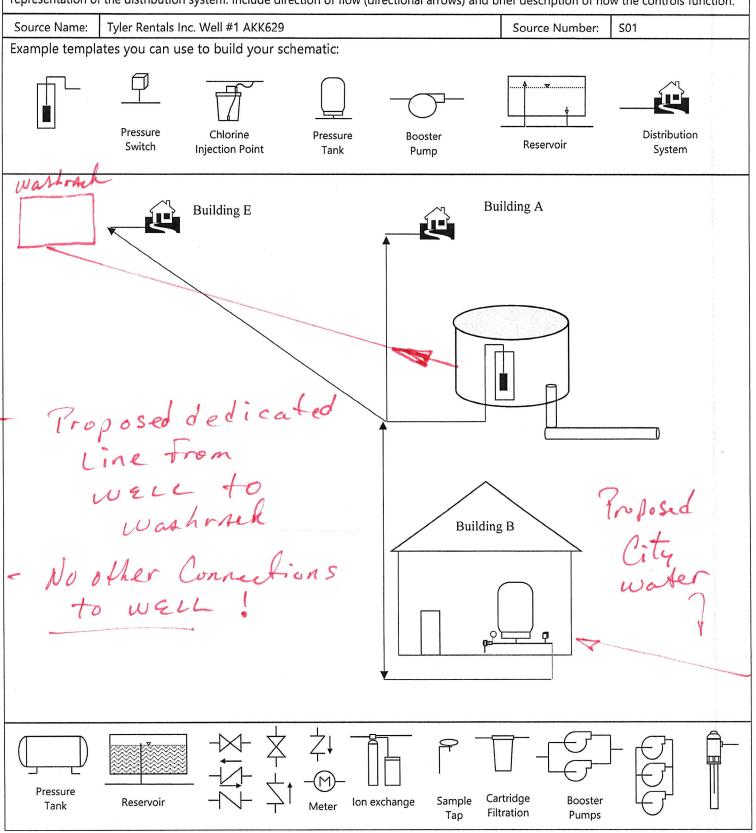
6. IS THIS PROPOSAL A CONTINUANCE OR RE-ESTABLISHMENT OF A PRE-EXISTING NONCONFORMING USE? PLEASE EXPLAIN: No

7. WILL A SUBSTANTIAL HARDSHIP BE CREATED IF THIS PROPOSAL IS DENIED? $\checkmark \circ$

8. WILL THIS PROPOSAL, IF GRANTED, CREATE A VIOLATION OF THE CHEHALIS MUNICIPAL CODE OR A PUBLIC NUISANCE AS DEFINED BY TITLE 7?

PART O: WATER SYSTEM FACILITIES FIELD SCHEMATIC

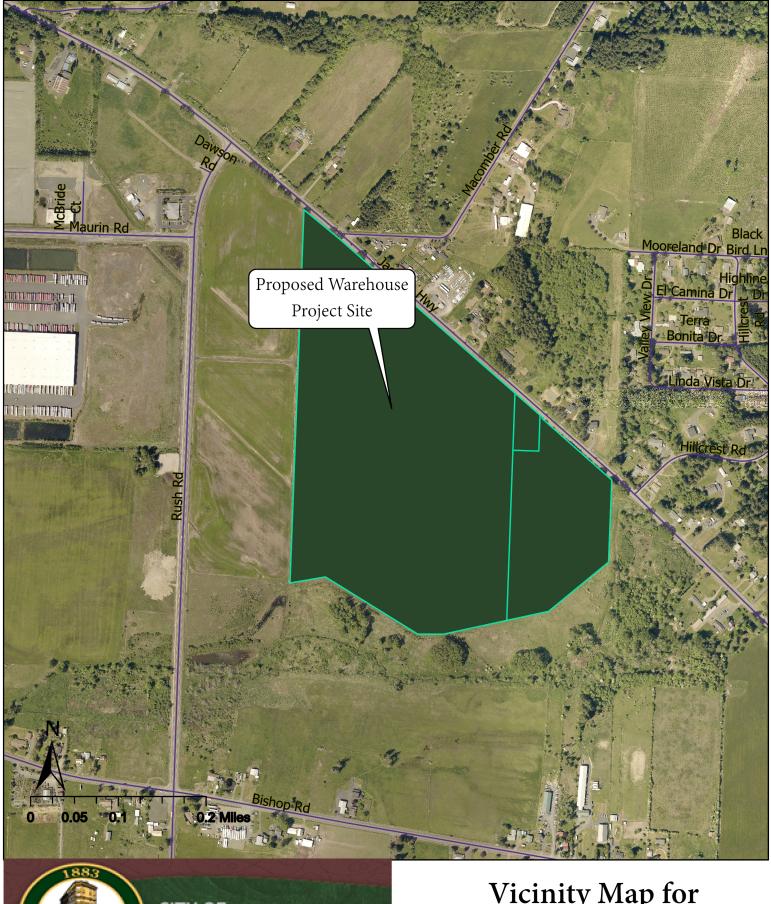
Use the space below to sketch a simple schematic of the water system facilities. You may use the templates shown below to help build your schematic. The sketch should show location of sources, treatment, pressure tanks, booster pumps, storage tanks, and a simple representation of the distribution system. Include direction of flow (directional arrows) and brief description of how the controls function.



C Maintenance Shop Building B -Equipment Equipment Maintenance Shop Building C -Hemiton Ro ALL S to wath a 6 Bunch Equipment Maintenance Shop Building D -Building A -Main Retail Store t'zi 222 REAL troposed Small Equipment Wash Area Secondary Containment -**Fuel Station with** Equipment Maintenance Shop Building E -Equipment Wash Area with Wastewater Recycling **Treatment System** Newaukum River Discharges to A. T's 11 r

isolated Line

Tyle Renta



CITY OF CHEHALIS Where Heart and History Shape Our Future

Vicinity Map for SEPA-21-0013, ST-21-0013

Permit 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: 2844 Jackson Highway

APPLICANT:	PROPERTY OWNER (Same as Applicant? Yes 🖄 No 🗆)
NAME: Joel Molander, Puget Western Inc.	NAME:
ADDRESS: 20000 North Creek Parkway, Building H	ADDRESS:
	CITY/ST/ZIP:
PHONE#: 425-487-6550	
EMAIL: joel.molander@pse.com	EMAIL:
CONTACT PERSON (Same as Applicant? Yes No No)	
COMPANY NAME: <u>Barghausen Consulting Engineers</u>	COMPANY:Not selected yet.
NAME_Ben Eldridge	CONTRACTOR REGISTRATION #
ADDRESS: 18215 - 72nd Avenue South	ADDRESS:
CITY/STATE/ZIP_Kent, WA 98032	CITY/STATE/ZIP
PHONE # 425-251-6222	PHONE #
EMAIL: <u>beldridge@barghausen.com</u>	EMAIL:
DETAILED PROJECT DESCRIPTION:	

Construction of approximate 1,001,625 square foot warehouse facility and the associated grading activities,

paved parking and truck maneuvering areas, storm drainage system, water and sewer extensions, landscaping,

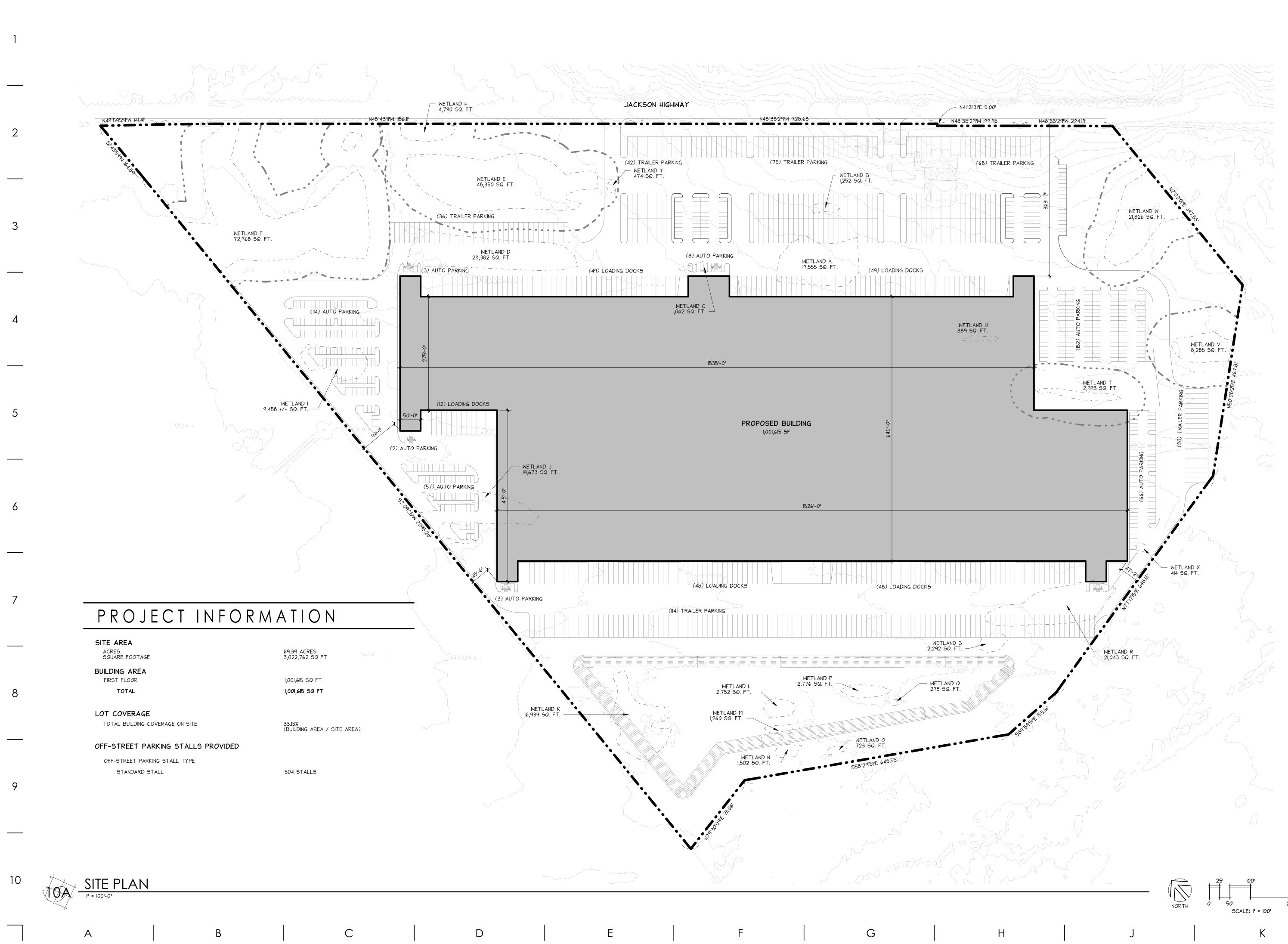
franchise utility extensions and off-site roadway improvements if required.

PROJECT VALUE: _ Approximately \$150,000,000

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:	<u>Date:</u>
Accounts	September 29, 2021
Name (print):	<u>Telephone #:</u>
Joel L. Molander, President	425-765-8002

OFFICE USE ONLY:			
Date Received:	By: Date Rev	viewed:	By:
Parcel #:	Zoning:	Flood Zone:	
Permit #:			



D

E

F

G

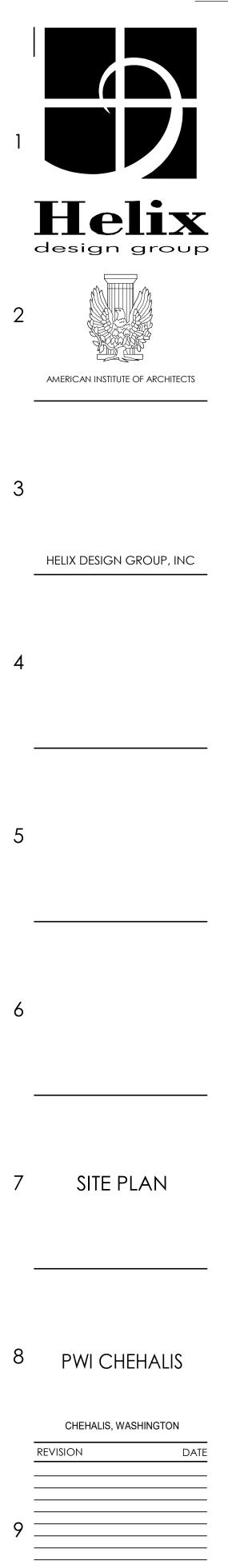
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a21-080 08.17.21 CONCEPT DESIGN

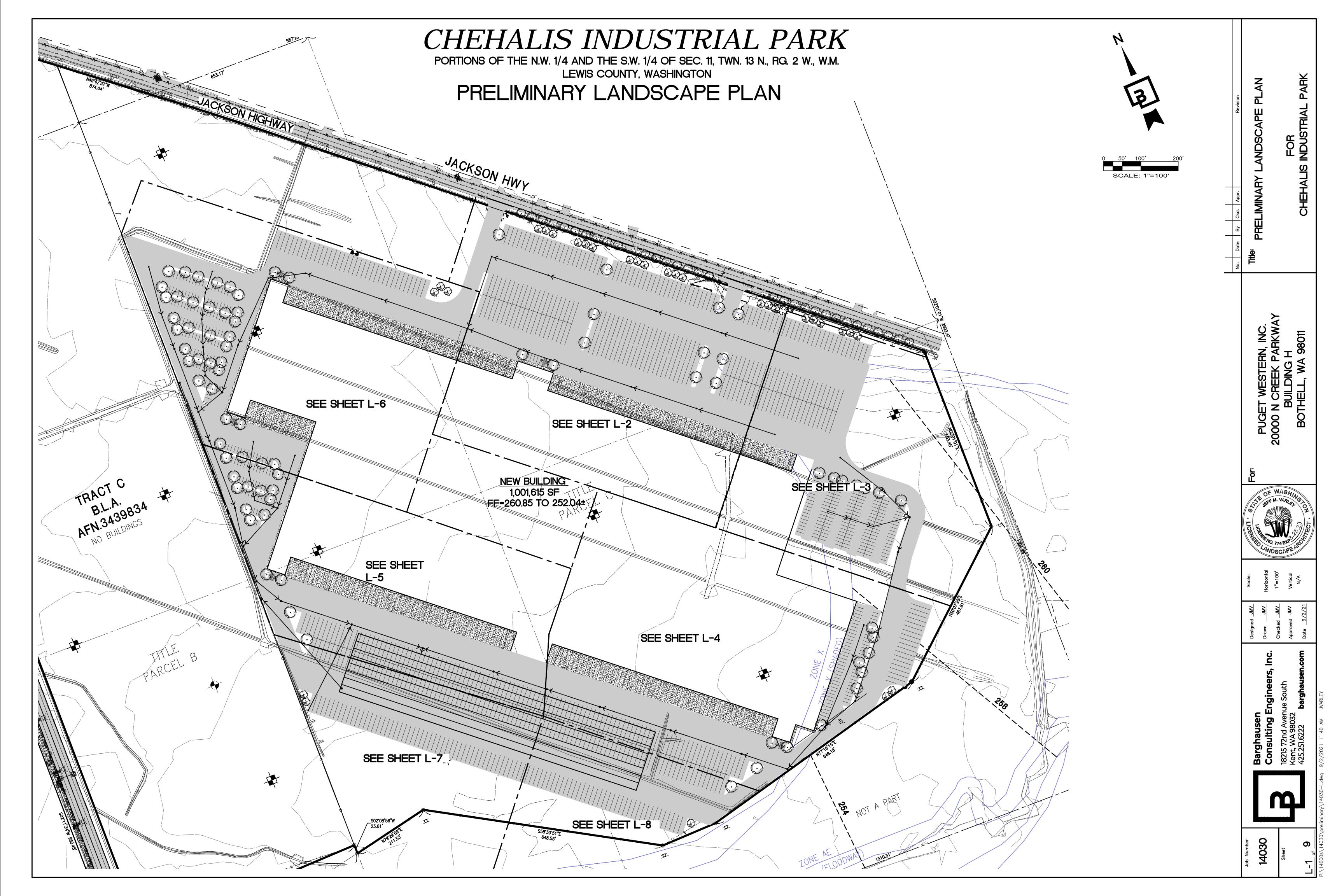
JOB NO.

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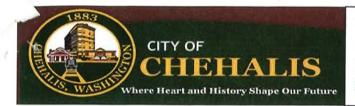
DATE

DRAWING NO. © HELIX DESIGN GROUP, INC.: All rights reserved. No part of this document may be reproduced in any form or by any means without permission in writing from Helix Design Group.

WHITE







SPECIAL EVENT APPLICATION

submit at least 28 days in advance of proposed event

	YYA Y es if yes, insurance is required	to be s	wned property or in the street? submitted <u>along with the application.</u> (See page 3) cations are not accepted *****
No Cal			V/A Street Event Park Event Parade
Name of Applicant/ Location of event Person in Charge:	CHIM HILL D. VI		Stephanie Skoglund) Ave - Chehalis WA 98532 ass: 230 Roe Rd. Winlockup 98596
Phone Number: Da Additional Authoriz	Chall T	Di.	Email: (required) the luftinchehalicagnailica
Phone Number: Da Emergency Contact Phone Number: Da	Rick Skoglund		Email: (required)Email: (required) [Stoplund 34/602 gm ail
	ned (describe event): <u>Brid</u> N-at 210ca age 545 N.Ma	al tian av K	Expo w/ 10 cal s- S47 NW Pacific Ave Thelea et Blud
Will participants pay	y a fee or donate? (Please circle) YES	\geq	NO
Are you a non-profit	t organization? (Please circle) YES	NO	f yes, please provide your EIN (tax) number.
ATTICA DE LA CALENCIA	services be requested for: eet Closure		Sidewalk Closure
	urity		Equipment
Gar Gar EM	bage Collection S		Parking Restrictions Other

Date(s) of Proposed Event: May-14415, 2022 Hours of Operation: May 14th 9-52 May 15th 10mm-3pm Set-up Date/Time: Wednesday - AFten 5pm 5-11-22 Dismantling Date/Time: 5-15-22 HFten 3pm Number of Staff/Volunteers: 5-11 HNRU 5-13 Estimated Number of Participants: 75-100
LOCATION/STREET(S) INVOLVED (describe area involved in event, attach map/route plan): <u>Additional Location</u> , 545 IV Market Blud (hehalis MM 98532 (The Vintage Grand Room)
Special Considerations - (Additional permits and/or licenses may be required) - Will there be:
Amplified sound? (Please circle) YES NO
Alcohol? (Please circle) YES NO
Animals? (Please circle) YES NO number animals Types of animals listed here.
Booths/Commercial Vendors: (Please circle) YES NO If yes, be sure to show them on your site plan. Each vendor is required to have a current City of Chehalis business license.
Cooking/Food Service: (Please circle) YES NO
Fire/Fireworks/Pyrotechnics: (Please circle) YES NO
Inflatables or Amusement Rides: (Please circle) YES NO
Mechanical Rides: (Please circle) YES NO
Portable Restrooms: (Please circle) YES (NO) If yes, be sure to show them on your site plan. <u>A portion of the restroom facilities must meet ADA requirements.</u>
Dumpsters: (Please circle) YES NO If yes, be sure to show them on your site plan.
Signs: (Please circle) YES NO If yes, be sure to show them on our site plan.
Stage: (Please circle) YES NO If yes, be sure to show it on your site plan.
Other special considerations:

•

List any special signs/barricades/cones requested to be supplied by the City of Chehalis. There is no guarantee that the city will be able to provide.

Public Relations: Please state what efforts, if any, have occurred, or you intend to make, to notify residents or businesses that will likely be affected by your event. If permit is granted it will be the responsibility of event organizers to alert those likely to be impacted. (i.e., street closures, no parking zones, noise, etc.)

INSURANCE – The City of Chehalis does not maintain insurance that will respond to claims against the applicant in connection with the permitted event by the applicant, its members, or those attending the event. Depending on the type of event you are planning, and the activity and risk level of your group, you may be required to obtain liability insurance in accordance with the City of Chehalis policy, name the City of Chehalis as an **additional insured** on the policy, and be responsible for providing proof of such insurance. If your event will take place on City of Chehalis property or on City streets, you are required to provide proof of insurance. Insurance coverage shall be at a minimum of \$1,000,000 per occurrence and \$2,000,000 general aggregate.

HOLD HARMLESS –Applicant/Permittee/User shall defend, indemnify and hold harmless the City of Chehalis, its officers, officials, employees and volunteers from and against any and all claims, suits, actions, or liabilities for injury or death of any person, or for loss or damage to property, which arises out of the acts or omissions of the Applicant/Permittee/User, its employees, volunteers, representatives or vendors, or from any activity, work or thing done, permitted, or suffered by Applicant/Permittee/User, related to the permitted activity, except only such injury or damage as shall have been occasioned by the sole negligence of the City of Chehalis.

Have you included: a site plan or route plan? A traffic control plan? Brochures, posters, flyers, or other advertising for this event? A copy of your insurance naming the City as co-covered, if applicable?

By signing below, the applicant certifies that they are at least 21 years old and an authorized representative of the event. Signer also verifies that they have read and understand all information contained within the application and understands that the event may not take place until authorized by the City.

Signature of Applicant: Stabland Stadund	Date: 4-13.22
Organization/Title: (), UNER - THELOFF	
Organization/Title:	If nonprofit, EIN number:



2022 LEWIS COUTNY BRIDAL EXPO

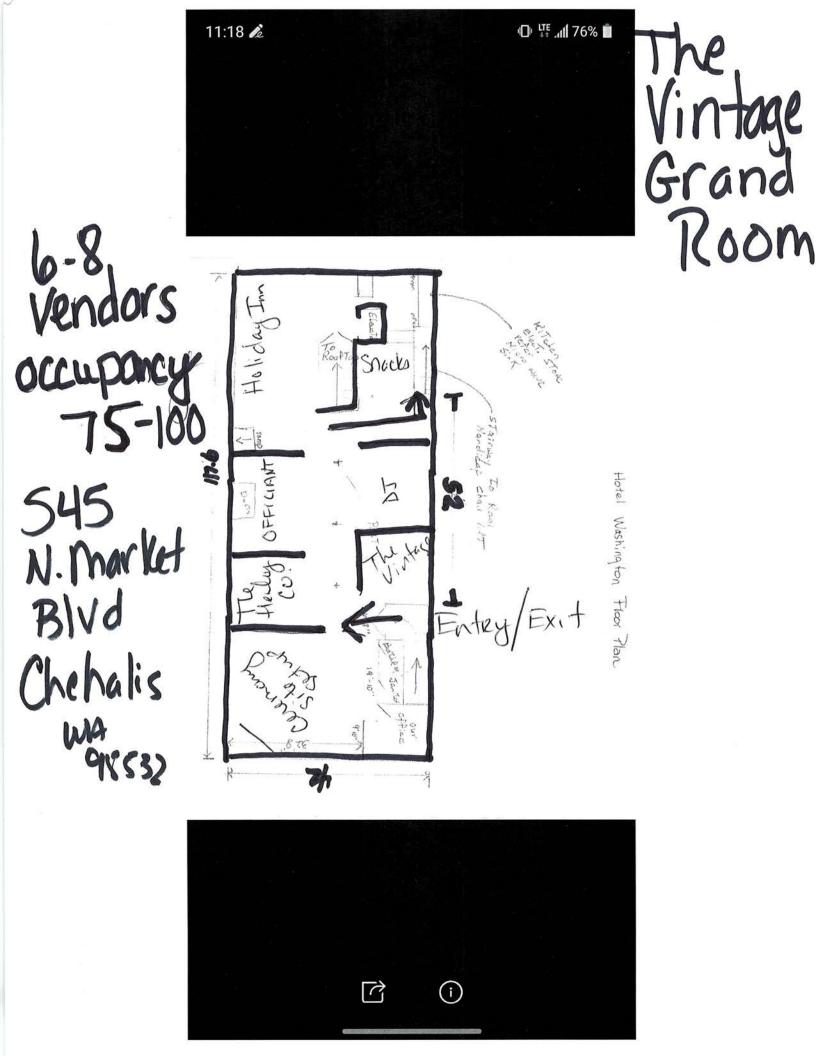


Saturday May 14th 9 to 5 & Sunday May 15th 10 to 3

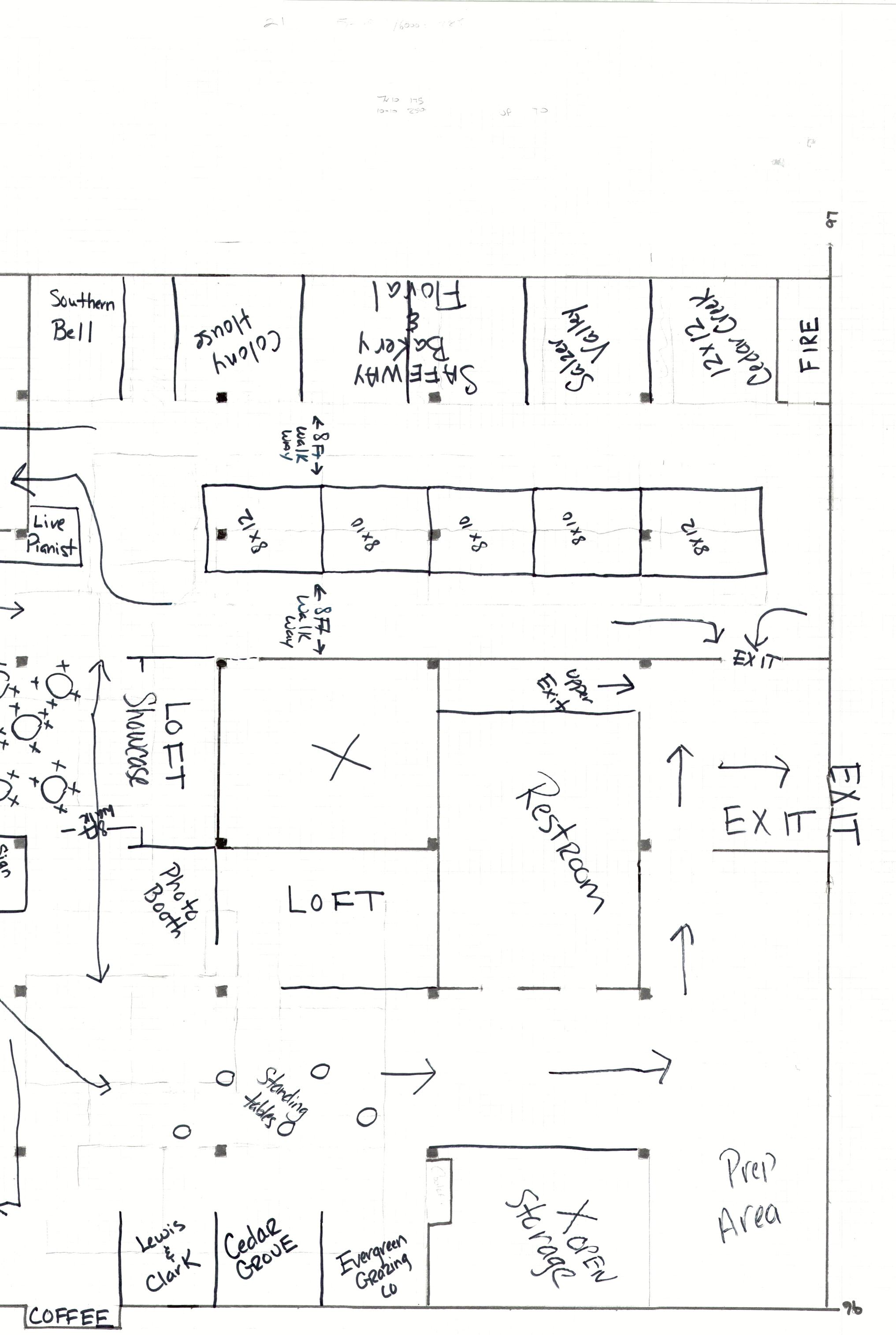
The Loft 547 Ne Pacific Ave Chehalis, WA The Vintage Grand Room 545 N Market Blvd Chehalis, WA

WE ARE ENCITED TO CO-PARTNER WITH THE VINTAGE GRAND ROOM & WILDE SOUL TO HOST AND PARTCIPATE IN BRINGING A LOCAL BRIDAL EXPO BETWEEN 2 DOWNTOWN HISTORIC EVENT VENUES FOR 2 DAYS, FEATURING ALL THE FABULOUS VENDORS FROM LEWIS COUNTY & SURROUNDING AREAS TO A WEEKEND BRIDAL ENPO.

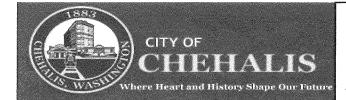
Engaged couples bring your entire tribe for only \$5 at the door to receive your complimentary swag bag!



8250 033 25-20 Vendors DownStairs Seating Area 5-48 Rd = 20 seats 1-40 Rd - 6 seats (Entry) 125.150 occupancy Linnols to its 98532 SFF Was First Floor 4 Sian xx-12M Sitting Area weekings 0+20 STEIOR







Return your permit application to Community Development Department 1321 S Market Blvd. Chehalis, WA 98532 (360) 345-2229 www.ci.chehalis.wa.us email: comdev@ci.chehalis.wa.us

Job address:	Boistfult St. Parcel #:					
Applicant/Contact per						
Name:	Mandy Thompson					
Mailing address:	PO Box the 93					
City, State, and Zip:	Chahalis, Wa 98532					
Phone #:	Email: (required)					
Contractor/Engineer/Surveyor Contact Name:						
Company/Firm Name:						
Mailing address:						
City, State, and Zip:						
Phone #:	Email: (required)					
Contractor's L&I #:						
Project Description: (Cr	este a project parrative on a conarate page if there is not enough room to completely describe your project below					

(Create a project narrative on a separate page if there is not enough room to completely describe your project below.)

nenalis Farmers Manet

Current market value of proposed v	work:
(Fair market labor and materials)	

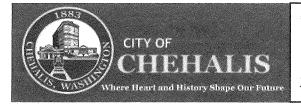
Only the plan(s) submitted will be reviewed for compliance with applicable codes. By signing below, you grant permission for any City of Chehalis employee the right to access and remain on the property for the purpose of review and approval of this proposal and to conduct inspections related to this proposal.

Signature: , landy Thompsin **Print Name:**

Office use only	
Received by: JF	Date Received: 4-20-32
Parcel #:	
Permit #: SE-22-005	
Zoning: CBD	
Flood Zone: yes (no) Zone Classification:	

Date:

4/12/22



Ple

Community Development Department 1321 S Market Blvd. Chehalis, WA 98532 (360) 345-2229 / Fax: (360) 345-1039 www.ci.chehalis.wa.us email: comdev@ci.chehalis.wa.us

SPECIAL EVENT APPLICATION

submit at least 28 days in advance of proposed event

Will your event take place on City owned property?

No Yes if yes, insurance is required to be submitted *along with the application*.

******Please note: Incomplete applications not accepted ******

INSURANCE – The City of Chehalis does not maintain insurance that will respond to claims against the applicant in connection with the permitted event by the applicant, its members, or those attending the event. Depending on the type of event you are planning, and the activity and risk level of your group, you may be required to obtain liability insurance in accordance with the City of Chehalis policy, name the City of Chehalis as an **additional insured** on the policy, and be responsible for providing proof of such insurance. If your event will take place on City of Chehalis property, you are required to provide proof of insurance. Insurance coverage shall be at a minimum of \$1,000,000 per occurrence and \$2,000,000 general aggregate. Acceptable forms: <u>CG 20 26</u> or <u>CG 20 12.</u>

ase check the event type:
Athletic Event
Noise Permit Park Event
Car Show Parade
Other Chalis Farmas Marcut
Name of Applicant/Organization: COMPAN COMMUNITY FAMMER MANUEL OF Location of event: BOBLEUVE Street between Pacific and Manuel Chehalis Person in Charge: Mandy Thempsin Address: PO Box 931 Chehalis, Wa.
Phone Number: Daytime: 323 428.984 Work:Email: 1960 Chichall farmers manuer. C
Additional Authorized Individuals: NA
Phone Number: Daytime:
Emergency Contact: <u>Mandy Thompsin</u>
Phone Number: Daytime: <u>323.428-96</u> Work:Email:
Type of Activity Planned (describe event): FAVMCB MANCH

Is this an event involving political or religious activity intended primarily for the communication or expression of ideas? (Please circle) YES

NO

Will participants pay a fee or make a donation? (Please circle) YES

Will City of Cl	nehalis services be requested for: Street Closure Security Garbage Collection EMS		Sidewalk Closure Equipment Parking Restrictions Other	Stationus A
Date(s) of Pro	posed Event: TUCS days Si	une 7th.	0ct. 2.7th	
	ration: 7am - 5pm			
	ime: <u>7am</u>			
	ate/Time: <u>4 pm</u>			
Number of Sta	aff/Volunteers: 3			
Estimated Nu	mber of Participants: <u>100 300</u>	per da	U	
LOCATION/ST	REET(S) INVOLVED (describe a DETWECH MANUT AND	rea involved	in event, attach map/route	plan):
Special Consid	derations - (Additional permits an	d/or licenses n	nay be required) - Will there be:	
Amplified sou	nd? (Please circle) YES NO			
Alcohol? (Plea	ase circle) YES			
Animals? (Ple	ase circle) YES NO number	s	pecies	
	nercial Vendors: (Please circle) (Y s required to have a current City of		ess license.	
Cooking/Food	Service: (Please circle) YES	NO		
Fire/Firework	s/Pyrotechnics: (Please circle) YE	S NO		
Inflatables or	Amusement Rides: (Please circle)	YES NO		
Mechanical Ri	des: (Please circle) YES NO			
Portable Resti ADA requirem	rooms: (Please circle) YES eents.	NO How ma	ny ? Some restrooms must	meet
Dumpsters: (P	lease circle) YES NO How mar	ny and where?_		
Signs: (Please	circle) (YES) NO			
Stage: (Please	e circle) YES NO			

List any special signs/barricades/cones requested to be supplied by the City of Chehalis. There is no guarantee that the city will be able to provide.

ATTACH COPY OF SAFETY PLAN TO THIS APPLICATION*

Public Relations: Please state what efforts, if any, have occurred, or you intend to make, to notify residents or businesses that will likely be affected by your event. If permit is granted it will be the responsibility of event organizers to alert those likely to be impacted. (i.e. street closures, no parking zones, noise, etc.)

We are in communication with business on market f

ATTACH COPIES OF BROCHURES, POSTERS, FLYERS, OR MAILINGS ADVERTISING THIS EVENT

INSURANCE – The City of Chehalis does not maintain insurance that will respond to claims against the applicant in connection with the permitted event by the applicant, its members, or those attending the event. Depending on the type of event you are planning, and the activity and risk level of your group, you may be required to obtain liability insurance in accordance with the City of Chehalis policy, name the City of Chehalis as an **additional insured** on the policy, and be responsible for providing proof of such insurance. If your event will take place on City of Chehalis property, you are required to provide proof of insurance. Acceptable forms: <u>CG 20 26</u> or <u>CG 20 12</u>. Insurance coverage shall be at a minimum of \$1,000,000 per occurrence and \$2,000,000 general aggregate.

HOLD HARMLESS –Applicant/Permittee/User shall defend, indemnify and hold harmless the City of Chehalis, its officers, officials, employees and volunteers from and against any and all claims, suits, actions, or liabilities for injury or death of any person, or for loss or damage to property, which arises out of the acts or omissions of the Applicant/Permittee/User, its employees, volunteers, representatives or vendors, or from any activity, work or thing done, permitted, or suffered by Applicant/Permittee/User, related to the permitted activity, except only such injury or damage as shall have been occasioned by the sole negligence of the City of Chehalis.

Signature of Applicant:	MSers-	Date: <u>4/10/2</u> 22				
Organization/Title: The	Community	Farmers	market of	Chehaly		
OFFICE USE ONLY:						
Date Received: DRC Reviewed: Parcel #: Permit #:	By:	Date approved/de Reason for denial				

Right of Way Use Attachment \$50 fee for Short Term use/Temporary use \$100 fee for Annual Permits Submit to: Community Development Department 1321 S. Market Blvd. Chehalis, WA 98532							
Type of Permit:	Right-of Way Disturbance Short Term / Temporary Neighborhood Event/Parade	Long Term / Annual Other					
	TUCSDAYS June 7th Octuber 24 equested: <u>21</u> (90 day maximum for Disturbance and <u>2</u> Start Time: <u>7am</u> Hours of Use: <u>7</u>	· - ·					

Part B:

1. Will the work involve occupancy of any street or traveled way, result in interference to any traffic or pedestrian flow, require interruption or re-routing of any vehicular or pedestrian traffic, or have any other influence on any traffic? (circle one) <u>NO</u> (If YES, a traffic control plan is required and must be submitted for approval. The traffic control plan must be in compliance with the Federal Highway Administration Manual on Uniform Traffic Control Devices and any other provisions designated by Public Works Standards.)

2. Will the work involve any disturbance to the surface, subsurface, or super-surface (bridges) of any city street right-of-way? (circle one) NO YES (If YES, a traffic control plan is required and must be submitted for approval. The permit must be obtained by a Washington State licensed and bonded contractor. The traffic control plan must be in compliance with the Federal Highway Administration Manual on Uniform Traffic Control Devices and any other provisions designated by Public Works Standards.)

The applicant/contractor hereby agrees to perform the described work with due regard for the rights, interests, and conveniences of the public. The applicant further agrees to perform the work in compliance with all City of Chehalis ordinances/standards, state and federal regulations, and with any conditions of approval listed on the permit document.

"CALL BEFORE YOU DIG" 1-800-424-5555

State law requires 48 hour advance notice to all utilities prior to any excavation work

- 1. The petitioner, designated herein as the "grantee", their successors and assigns, will have the right and authority to enter upon the right-of-way of the city street, alley, public place or structure as indicated on the front of this form, for the purpose of such activity as applied for and approved by the Public Works Department. All provisions, conditions, regulations and requirements herein contained will be binding upon the successors and assigns of the grantee. The issuance of this permit does not diminish or negate the grantee's responsibility to comply with any other regulations, standards, licenses or obligations not covered under this permit.
- 2. A *Right-of-Way Disturbance Permit* is for activities that will alter the appearance of or disturb the surface, super-surface or sub-surface of a right-of-way on a temporary or permanent basis.
- 3. A Short-term and Temporary Permit is for activities that involve short-term commitments that do not physically disturb or alter the right-of-way. Uses include but are not limited to: festivals, displays, concerts and public or private gatherings. See Municipal Code 12.56.060.

Form 2-B (3/13/2017)

- 4. A Long-term and Annual Permit is for activities that last for an extended period of time but do not significantly disturb or alter the right-of-way. Uses include but are not limited to: construction site/haul roads, recycle facilities, advertising structures, seasonal sidewalk cafes, utility facilities, special & unique structures such as fountains, clocks, flag poles, awnings, marquees, signs, banners, street furniture and decorations. See Municipal Code 12.56.060. These permits must be renewed annually along with an associated business license if they are issued for use of public property by an adjacent business.
- 5. The location, type of work, materials and equipment used, manner of erection or construction, safeguarding of public traffic during and after work, mode of operation and manner of maintenance of project petitioned for, will be approved by the Public Works Director or authorized representative prior to start of work and will be subject to the inspection of the same so as to ensure proper compliance with the terms of this permit.
- 6. After completion of work, the grantee will leave all streets, alleys, public places and structures in as good and safe a condition in all respects, as it was prior to the commencement of any work by grantee. Damage of any kind to any street, alley, public place, structure or public property resulting from said work by the grantee will immediately be repaired by the grantee at their own sole cost and expense, to the satisfaction of the City.
- 7. The Public Works Director or a designated representative may perform, order, or have done any and all work considered necessary to restore to a safe condition any street, alley, public place or structure which is in a condition that is dangerous to life or property resulting from the grantee's use, activity or work as permitted herein, and upon demand, the grantee will pay to the City all costs of such work and materials.
- 8. The City Council, Public Works Director or designated representative may at any time, change, amend, modify, revoke, annul or terminate this permit and/or any of the conditions herein enumerated so as to conform to any state or federal statute or City regulation pertaining to the public welfare, safety, health, convenience to the public or highway regulations as are, or may hereinafter be enacted, adopted or amended, etc. The City Council, Public Works Director or designated representative may terminate this permit if grantee fails to comply with any such changes or conditions herein enumerated.
- 9. In accepting this permit the grantee, their successors and/or assigns agree to defend, indemnify, and hold harmless the City, its officers, employees, and agents from any and all suits, claims, causes of actions or liabilities caused by, or arising out of, any activities conducted by the grantee resulting from the issuance of the permit.

Applicant Signature: _______

(Attach this form to the <u>standard development permit application</u> form and submit to Chehalis Community Development office, 1321 S. Market Blvd., Chehalis, WA.)

Questions regarding the specific requirements for use of a public right-of-way may be directed to the Chehalis Public Works Department (for construction or placement of obstructions), or the Chehalis Police Department (for parades or events) at the numbers above.

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MWDD/YYYY) 04/01/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED DEPRESENTATIVE OF PRODUCED AND THE CERTIFICATE HOLDER									
REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to									
the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the									
	certificate holder in lieu of such endorsement(s). PRODUCER CONTACT Larry Spilker ext 203 NAME:								
	Pro Insur, inc dba					o. Ext): 317-84		FAX (A/C, No): 317-84	18-9093
Car	mpbell Risk Management				E-MAIL	les illian @ a	ampbellrisk.co		
	95 Whitley Drive, Suite 204 Jianapolis, IN 46240				7.000110		URER(S) AFFOR		NAIC #
Lar	rry Spilker Ext 203				INSURE	RA: HANOVE	R INSURANCE	GROUP	22292
	URED reater Lewis County Community Farmers Marke	t A oo	ooloti	on	INSURE	RB:			
PO	D Box 931	31 A55	ociati	UII	INSURER C :				
Ch	nehalis Washington 98532				INSURE	RD:			
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	VERAGES CER	TIEIC	• A T E	NUMBER:	INSURE	<u>RF:</u>		REVISION NUMBER:	
	THIS IS TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO		an a	ICY PERIOD
c	NDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY F EXCLUSIONS AND CONDITIONS OF SUCH I	Pert	AIN, CIES.	THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	ED BY	THE POLICIE	S DESCRIBED		
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY	X	x	AAM6354 LHW D481967		04/01/2022	04/01/2023	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000 100,000
								MED EXP (Any one person) \$	5,000
								PERSONAL & ADV INJURY \$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	2,000,000
	POLICY JECT LOC							PRODUCTS - COMP/OP AGG \$	2,000,000
		·····						COMBINED SINGLE LIMIT	
	ANY AUTO							(Ea accident) BODILY INJURY (Per person) \$	
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident) \$	
	HIRED AUTOS							PROPERTY DAMAGE \$	
								\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$	
	DED RETENTION \$							PER OTH- STATUTE ER	
	AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT \$	
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE \$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	
								na na halan na kana na mana na mana na	
	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL							-	
	nose usual to the Insured's operation		Bla	nket additional Insure	ed app	lies per co	verage fori	n 421-2015 06 15. Certific	ate holder,
11 2	any, is hearby an additional insur	eu.							
CE	RTIFICATE HOLDER				CANC	ELLATION			
E	vidence of Insurance				-				
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
1					AUTHOP	RIZED REPRESE		NEL VE DO DE TRANSFORMATION CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE L	
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Community Farmers Market at Chehalis

Supporting local growers, their products & our agricultural community

P.O. Box 746 Chehalis, WA 98532 Phone: 360-219-7710 www.chehalisfarmersmarket.com

The Community Farmers Market of Chehalis plans its 17th season of serving the community by offering fresh local produce and other foods and craft items, supporting the local economy and providing an attractive market that draws both residents and visitors to the downtown area. Listed below are the important elements of this year's market:

- Market Dates and hours:
 - o Tuesdays, June 7th-October 30, 11 AM 4 PM
- Market Location:
 - o Boistfort Street between N. Market Blvd. and Pacific Av.
 - We ask that the market be given additional hours to set up and take down the market. We closed the street 3 hours before and one hour after market hours.
- Setup, Assembly & Barricades:
 - There is no "hard" assembly for the market. All of our vendors provide and set up their own tents and remove them the same day. No staging, fences, bleachers, etc. are part of the market equipment.
 - Vendors may enter the street during specified hours before and after market hours for setup and cleanup, but all vehicles are removed during market hours for reasons of both public safety and attractive presentation.
 - Our vendors are tasked with ensuring public safety by attaching weights to their tents, covering any electrical cords and restricting debris and other trip hazards around their booths. In addition, they are asked to keep any surplus equipment or product up against the buildings on both the east and west sides of the street so as to leave the sidewalk as clear as possible, and to sweep up any debris left around their spaces. In addition, the market maintains waste receptacles in several places during market hours, and removes bagged trash at the end of each day. With minor exception, including the occasional disposable plate or cup, we do not rely



Community Farmers Market at Chehalis

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Phone: 360-219-7710

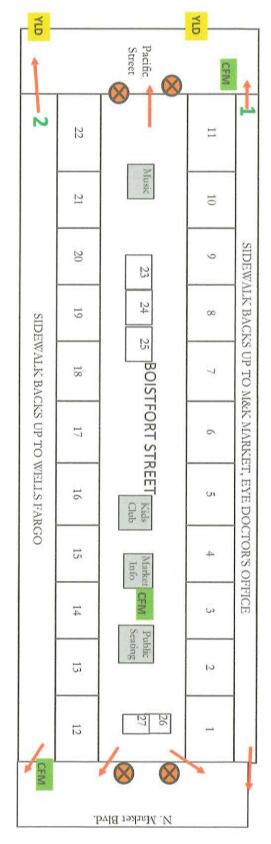
www.chehalisfarmersmarket.com

on public waste receptacles.

- Food Permits:
 - As a farmers market, we require that each of our vendors is in compliance with the requisite licensing for his or her particular product. We keep copies of applications and licenses at the market during all open hours, and require vendors to do the same. This includes our hot food vendors, who are independently licensed through the Lewis County Health Department.
- Alcohol:
 - The Greater Lewis County Farmers Market Association does not plan to sell alcohol during market dates, and at present has no registered vendors planning to do so.
- Other Concerns:
 - Regarding the recent events with COVID-19, we will base our guidelines off of recommendations from the City, State, and Federal Governments, Our local Department of Health and the Washington State Farmers Market association.

If you have any questions concerning market presence downtown this season, please feel free to address them via email to info@chehalisfarmersmarket.com.

SITE MAP FOR 2020 CHEHALIS FARMERS MARKET



Pedestrian Ingress/Egress

Notes 1,2: vendors are required to leave sidewalks clear for non-customer pedestrians

Sidewalk widths: Curb to Wells Fargo: 118", Curb to MK Market: 115", sidewalk is wider between curb and Dr. Gallinger's office

"Street Closed" barriers—note, these are spaced far enough that they do not impede pedestrian traffic. These are placed on Boistfort St., not on the main

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A Group signs and the first state of the sta

A-Frame signs—note: no CFM signage is placed in the thoroughfare streets

crosswalks on the corners of Pacific & Boistfort Crosswalk YIELD Signs, market in accordance with requests of Chehalis Police Department (per conversation w/chief—August 2017. These are placed in the

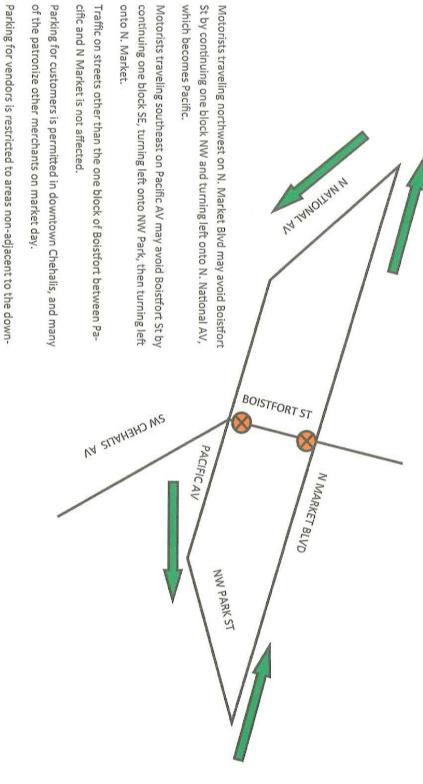
There are signs and banners attached to tents, but no independent banners are placed.

call is placed. No other vehicles are parked on Boistfort St during market hours or NW Market. Estimated emergency moving time, 5-7 minutes. Should an emergen-Should emergency vehicles need to enter the market, the market will move the center tents on the Boistfort St. roadway, allowing access from Pacific cy occur within the market, moving will begin at the time a 911

parking lot at the NW end of N. Market There are no rest rooms at the market. Vendors and customers have been instructed by the city to use the facilities adjacent to the

10x10' tents are placed against the building wall behind them, with attention not to block the walkway. There are no "staging areas." Vendors unload their goods and equipment at their stalls, then move their vehicles. Boxes or crates that do not fit into the

PROPOSED DETOUR FOR VEHICLE TRAFFIC TO AVOID BOISTFORT STREET DURING CHEHALIS FARMERS MARKET-



 Parking for vendors is restricted to areas non-adjacent to the downtown areas, including the lots at the NW end of N. Market. In 2017, the city asked our vendors to park in the dirt lot behind the Lewis County Historical Museum, a request with which we complied. Any complaints regarding vendor parking were dealt with at the time they were received. .

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