



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: 1700 NW LOUISIANA BLVD. **Parcel #:** 005605082015

Applicant/Contact Person

Name: THOMAS ARCHITECTURE STUDIOS (RE: MICHAEL KERSHISNIK, AIA)
 Mailing address: 525 COLUMBIA ST SW
 City, State, and Zip: OLYMPIA, WA 98501
 Phone #: 360-915-8775 Email: (required) MICHAEL@TASOLYMPIA.COM

Is the property owner the same as the applicant: Yes No If yes, you may skip the property owner section

Property Owner

Name: WASHINGTON STATE EMPLOYEES CREDIT UNION
 Mailing address: PO BOX WSECU
 City, State, and Zip: OLYMPIA, WA 98507

Contractor/Engineer/Surveyor

Contractor's L&I #: _____


Contact Name: TBD
 Company/Firm Name: _____
 Mailing address: _____
 City, State, and Zip: _____
 Phone #: _____ Email: (required) _____

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

NEW CONSTRUCTION OF AN APPROXIMATELY 4,600 SF CREDIT UNION BUILDING AND DEVELOPEMENT OF SITE. SEE PROJECT NARRATIVE FOR MORE INFORMATION.

Current market value of proposed work: \$2,000,000
 (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: <u>06/16/2021</u>
Print Name: <u>MICHAEL KERSHISNIK</u>	

Office use only

Received by: _____	Date Received: _____
Parcel #: _____	
Permit #: _____	
Zoning: _____	
Flood Zone: yes no Zone Classification: _____	