



**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: _____

Parcel #: _____

Applicant/Contact person

Name: _____

Mailing address: _____

City, State, and Zip: _____

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

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: _____
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Print Name: _____

Office use only

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