

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: 1137 SW Washington Ave

APPLICANT:

NAME: Samantha San Souci/Fuller Designs
ADDRESS: 1101 Kresky Ave
CITY/ST/ZIP: Chehalis, Wa 98531
PHONE#: 360-807-4420
EMAIL: ssansouci@fullerdesigns.org

PROPERTY OWNER (Same as Applicant? Yes No)

NAME: Tom and Cara Nicholas
ADDRESS: 103 Macronovic Road
CITY/ST/ZIP: Chehalis, Wa 98532
PHONE#: 360-269-0914
EMAIL: caraleenicholas@msn.com

CONTACT PERSON (Same as Applicant? Yes No)

COMPANY NAME: _____
NAME _____
ADDRESS: _____
CITY/STATE/ZIP _____
PHONE # _____
EMAIL: _____

CONTRACTOR (Same as Property Owner? Yes No)


COMPANY: TBD
CONTRACTOR REGISTRATION # _____
ADDRESS: _____
CITY/STATE/ZIP _____
PHONE # _____
EMAIL: _____

DETAILED PROJECT DESCRIPTION:

Request for 3 vacates on Adams Ave, 12th St. and an undeveloped allyway.

PROJECT VALUE: \$45,000.00

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: 6/2/2021 |
| Name (print): Samantha San Souci | Telephone #: 360-807-4420 |

OFFICE USE ONLY:

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