

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: 0 Jackson Hwy

APPLICANT:

NAME: Fuller Designs
ADDRESS: 1101 Kresky Ave.
CITY/ST/ZIP: Centralia, WA 98531
PHONE#: 360-807-4420
EMAIL: Admin@fuller Designs.org

PROPERTY OWNER (Same as Applicant? Yes No)

NAME: David Cosser
ADDRESS: _____
CITY/ST/ZIP: _____
PHONE#: _____
EMAIL: dave.cosser@gmail.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:

56 Tiny homes with conservation area (See Cover Letter)

PROJECT VALUE: \$500,000.00

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.

<u>Signature:</u>	<u>Date:</u> 5/17/2021
<u>Name (print):</u> Cassie Fuller	<u>Telephone #:</u> 360-807-4420

OFFICE USE ONLY:

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