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	
CITY/ST/ZIP: Bothell, WA 98011	CITY/ST/ZIP:
PHONE#: 425-487-6550	PHONE#:
EMAIL: _ joel.molander@pse.com	
CONTACT PERSON (Same as Applicant? Yes ☐ No☐)	CONTRACTOR (Same as Property Owner? Yes☐ No ☐)_
COMPANY NAME: Barghausen Consulting Engineers	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: beldridge@barghausen.com	EMAIL:
DETAILED PROJECT DESCRIPTION:	
franchise utility extensions and off-site roadway impr	drainage system, water and sewer extensions, landscaping, rovements if required.
Verbal comments made during discovery are not binding. Only th By signing below, I grant permission for City of Chehalis employee approval of this proposal and to conduct inspections related to thi	
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Verbal comments made during discovery are not binding. Only th By signing below, I grant permission for City of Chehalis employee approval of this proposal and to conduct inspections related to this Signature: Name (print):	Date: September 29, 2021 Telephone #:
By signing below, I grant permission for City of Chehalis employee approval of this proposal and to conduct inspections related to this Signature:	Date: September 29, 2021
Verbal comments made during discovery are not binding. Only th By signing below, I grant permission for City of Chehalis employee approval of this proposal and to conduct inspections related to this Signature: Name (print): Joel L. Molander, President OFFICE USE ONLY:	Date: September 29, 2021 Telephone #: 425-765-8002
Verbal comments made during discovery are not binding. Only th By signing below, I grant permission for City of Chehalis employee approval of this proposal and to conduct inspections related to this signature: Name (print): Joel L. Molander, President OFFICE USE ONLY: Date Received: By:	Date: September 29, 2021 Telephone #: