

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: Centralia, 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 98531
 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:

This project proposes 4 two story fourplexes and 4 two story duplexes with a centralized grassy common area and stormwater system.

PROJECT VALUE: \$3,000,000

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: 06/07/2021
Name (print): Samantha San Souci	Telephone #: 360-807-4420

OFFICE USE ONLY:

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