Development Review Committee Agenda

Chehalis Building and Planning Department
August 16, 2023, at 9 A.M.
Meeting Location: Chehalis Airport Conference Room

9:00 AM SE-23-010 BHGRE Northwest Home Team 5K Charity Run/Walk

Special Event Permit for Saturday August 26^{th} from 8am - 12pm. Better Homes and Gardens Northwest Home Team 5K charity fun run/walk throughout the Snively district. Proceeds to help provide funds for Lewis County Accessible Recreation program for adults 18+ with disabilities.

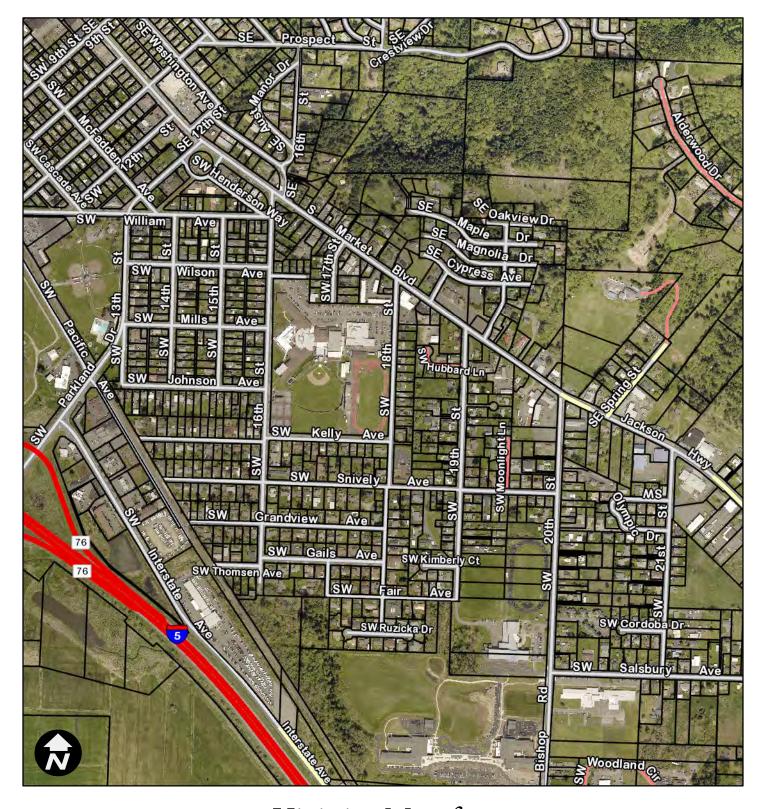
9:30 AM SE-23-009 Lewis County Historical Museum Flying Saucer Party

Special Event Permit for Saturday September 23rd from 8am – 9pm. Hosted by Lewis County Historical Museum, McFiler's Bar & Theater, and City Farm. Route includes booths and alcohol served inside establishments at N. Market Blvd, NW Front Way, and NW Pacific Ave where attendees will be located throughout the day.

Interdepartmental staff meeting after the completion of DRC development items.

Join Zoom Meeting

https://us06web.zoom.us/j/83910241095?pwd=dUI1Ym0rTkt6SHZCZjkxUTRHVDBUUT09



Vicinity Map for

Special Event Permit SE-23-010

5K Charity Run/Walk



Community Development Department

1321 S Market Blvd. Chehalis, WA 98532 (360) 345-2229 / Fax: (360) 345-1039

www.ci.chehalis.wa.us email: comdev@ci.chehalis.wa.us

SPECIAL EVENT APPLICATION

submit at least 28 days in advance of proposed event

Will your event take	place on City owned	property or in the street?

□ No⊠			submitted <u>along with the application.</u> (See page 3) cations are not accepted ******
□ N	event type: thletic Event loise Permit ar Show ther		Street Event Park Event Parade
	t/Organization: BHGRE NOVAN		4
	t: 282 SW 13th St, Ch		
Person in Charge:	Jody Hill	Addr	ess: Same as event
			Email: (required) jodyhill enwhome team.
	ized Individuals: <u>JUSSI CA STW</u>		
Phone Number: D	Daytime: <u>345-1217</u> Work:		Email: (required) <u>JUSSI Castura o nwh</u> one
	et: Vessica Porlas		team.com
			Email: (required) jessica o nwhomoteam.
Type of Activity Pla	anned (describe event): 514 Chau	<u>rity</u>	Run Walk com
			·
Will participants p	ay a fee or donate? (Please circle)	5)	NO
Are you a non-pro	fit organization? (Please circle) YES	(NO)	If yes, please provide your EIN (tax) number.
St St	lis services be requested for: creet Closure ecurity arbage Collection MS		Sidewalk Closure Equipment Parking Restrictions Other MONU

Date(s) of Proposed Event: Saturday Aug. 20th
Hours of Operation: $8am - 12pm$
Set-up Date/Time: Prug 2U @ 7am
Dismantling Date/Time: Aug We 12pm
Number of Staff/Volunteers: 16
Estimated Number of Participants: 50
LOCATION/STREET(S) INVOLVED (describe area involved in event, attach map/route plan): Snively District — Map Attached
Special Considerations - (Additional permits and/or licenses may be required) - Will there be:
Amplified sound? (Please circle) YES (NO)
Alcohol? (Please circle) YES NO
Animals? (Please circle) YES number animals Types of animals listed here.
Booths/Commercial Vendors: (Please circle) YES NO If yes, be sure to show them on your site plan. <u>Each vendor is required to have a current City of Chehalis business license.</u>
Cooking/Food Service: (Please circle) YES NO
Fire/Fireworks/Pyrotechnics: (Please circle) YES NO
Inflatables or Amusement Rides: (Please circle) YES (NO
Mechanical Rides: (Please circle) YES NO
Portable Restrooms: (Please circle) YES (NO) If yes, be sure to show them on your site plan. A portion of the restroom facilities must meet ADA requirements.
Dumpsters: (Please circle) YES (NO) If yes, be sure to show them on your site plan.
Signs: (Please circle) (YES) NO If yes, be sure to show them on our site plan.
Stage: (Please circle) YES NO If yes, be sure to show it on your site plan.
Other special considerations:

List any special signs/barricades/cones requested to be supplied by to city will be able to provide.	the City of Chehalis. There is no guarantee that the
Public Relations : Please state what efforts, if any, have occurred businesses that will likely be affected by your event. If permit is gran to alert those likely to be impacted. (i.e., street closures, no parking a	ted it will be the responsibility of event organizars
INSURANCE — The City of Chehalis does not maintain insurance that will re the permitted event by the applicant, its members, or those attending the and the activity and risk level of your group, you may be required to obtain policy, name the City of Chehalis as an additional insured on the policy, an your event will take place on City of Chehalis property or on City streets, y coverage shall be at a minimum of \$1,000,000 per occurrence and \$2,000,000 here. HOLD HARMLESS —Applicant/Permittee/User shall defend, indemnify and employees and volunteers from and against any and all claims, suits, actions or damage to property, which arises out of the acts or omissions of the representatives or vendors, or from any activity, work or thing done, permit the permitted activity, except only such injury or damage as shall have been	event. Depending on the type of event you are planning, liability insurance in accordance with the City of Chehalis d be responsible for providing proof of such insurance. If ou are required to provide proof of insurance. Insurance 20 general aggregate. hold harmless the City of Chehalis, its officers, officials, , or liabilities for injury or death of any person, or for loss e Applicant/Permittee/User, its employees, volunteers, ted, or suffered by Applicant/Permittee/User, ted.
Have you included: a site plan or route plan? A traffic control plan? Brochures, posters, flyers, or other advertising fo A copy of your insurance naming the City as co-co	r this event?
By signing below, the applicant certifies that they are at least 21 year event. Signer also verifies that they have read and understand all information understands that the event may not take place until authorized by the	ormation contained within the application and
Signature of Applicant: Jessica Poulos	Date: 08/03/23
Organization/Title: BHGRE NOVYNWEST HOME TE	If nonprofit, EIN number:
Q001 GCF	





NORTHWEST Presents

5K CHARITY FUN RUN & WALK

SATURDAY AUGUST 26TH 2023

RUN STARTS AT 9AM
REGISTRATION STARTS AT 8:15 AM



REGISTRATION FEE

REGISTER BY AUGUST 15TH & RECEIVE A T-SHIRT

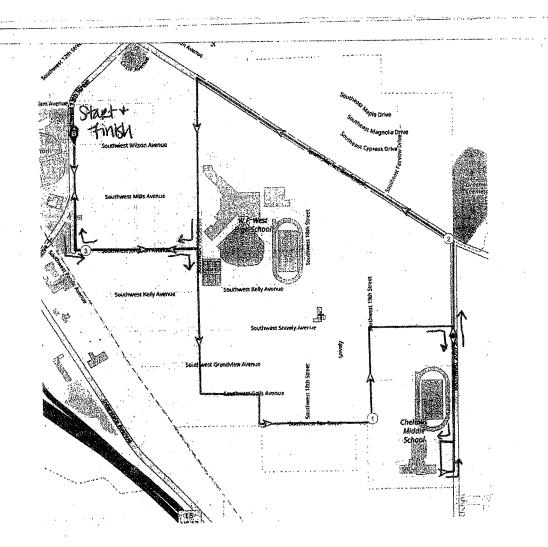


Lewis County Accessible Recreation is a free program for adults 18+ with disabilities. Our goal is to provide fun social and recreational opportunities within our community.

\$20/Per Person Registration Fee. All proceeds from this race will be donated to the Lewis County Accessible Recreation. Thank you for supporting and participating in the BHGRE Northwest Home Team benefit run/walk!

Name		·
Phone	Email _	
Shirt Size: Adult -	SMLXL	Youth - S M L
Number of Partic	cipants:	Amount Enclosed:
Make Checks pay	able to BHGR	E Northwest Home Team
Registration after	August 15th,	2023 No Tshirt included.

- * STARTING AT REALTY WORLD
- Left at 13th St
- Left at Johnson Rd
- Right on 16th St
- Left on Gails Ave
- Left on 19th St
- Right on Snively
- Right on 20th St
- * CHEHALIS MIDDLE SCHOOL -Loop the drop off lane
- Left on 20th (toward Market)
- Left on Market Boulevard
- Left on 16th St
- Right on Johnson Rd
- Right on 13th St
- * END OF RACE AT REALTY WORLD!!

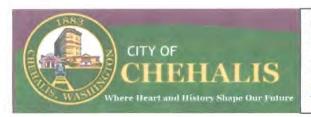




Vicinity Map for

Flying Saucer Event permit

SE-23-009 from Front Street, to Market and Chehalis Ave



Community Development Department

1321 S Market Blvd. Chehalis, WA 98532 (360) 345-2229 / Fax: (360) 345-1039

www.ci,chehalis.wa.us email: comdev@ci.chehalis.wa.us

SPECIAL EVENT APPLICATION

submit at least 28 days in advance of proposed event

Will your event take place on City owned property?

No ☐ Yes if yes, insurance is required to be submitted along with the application.
*****Please note: Incomplete applications not accepted *****
<u>INSURANCE</u> – The City of Chehalis does not maintain insurance that will respond to claims against the applicant in connection with the permitted event by the applicant, its members, or those attending the event. Depending on the type of event you are planning, and the activity and risk level of your group, you may be required to obtain liability insurance in accordance with the City of Chehalis policy, name
the City of Chehalis as an additional insured on the policy, and be responsible for providing proof of such insurance. If your event will take place on City of Chehalis property, you are required to provide
proof of insurance. Insurance coverage shall be at a minimum of \$1,000,000 per occurrence and
\$2,000,000 general aggregate. Acceptable forms: <u>CG 20 26</u> or <u>CG 20 12.</u>
Please check the event type:
Athletic Event Street Event
Noise Permit Park Event
☐ Car Show ☐ Parade
Other Event spread across four locations in downtown Chehalis.
Name of Applicant/Organization: Jason Mattson- Lewis County Historical Museum Location of event: Lewis Co. Historical Museum, McFiler's bar & theater, City Farm
Person in Charge: Jason Mattson Address: 787 NW Ohio Ave. Chehalis
Phone Number: Daytime: (360)669-6372 Work: (360)748-0831 Email: director@lewiscountymuseum.org
Additional Authorized Individuals: Peter Lahmann
Phone Number: Daytime: (360)870-0706 Work: (360)748-0831 Email: plahmann@gmail.com
Emergency Contact:Jason Mattson
Phone Number: Daytime: (360)669-6372 Work: (360)748-0831 Email: director@lewiscountymuseum.org
Type of Activity Planned (describe event): Vendors and exhibits at the museum. Live music at the McFiler's bar. Movies at McFiler's Theater. Speakers and vendors at City Farm. All events will take place at these locations, but there will be incressed foot traffic and cars.
Is this an event involving political or religious activity intended primarily for the communication or expression of ideas? (Please circle) YES (NO)
Will participants pay a fee or make a donation? (Please circle) YES NO

List any special signs/barricades/cones requested to be supplied by the City of Chehalis. There is no guarantee that the city will be able to provide.

ATTACH COPY OF SAFETY PLAN TO THIS APPLICATION*

Public Relations : Please state what efforts, if any, have occurred, or you intend to make, to notify residents or businesses that will likely be affected by your event. If permit is granted it will be the responsibility of event organizers to alert those likely to be impacted. (i.e. street closures, no parking zones, noise, etc.) Businesses that will be affected will be notified of the event and asked to participate if they would like to.
ATTACH COPIES OF BROCHURES, POSTERS, FLYERS, OR MAILINGS ADVERTISING THIS EVENT
ATTACH COFTES OF BROCHORES, POSTERS, PETERS, OR MAILINGS ADVERTISING THIS EVERT
INSURANCE – The City of Chehalis does not maintain insurance that will respond to claims against the applicant in connection with the permitted event by the applicant, its members, or those attending the event. Depending on the type of event you are planning, and the activity and risk level of your group, you may be required to obtain liability insurance in accordance with the City of Chehalis policy, name the City of Chehalis as an additional insured on the policy, and be responsible for providing proof of such insurance. If your event will take place on City of Chehalis property, you are required to provide proof of insurance. Acceptable forms: CG 20 26 or CG 20 12 Insurance coverage shall be at a minimum of \$1,000,000 per occurrence and \$2,000,000 general aggregate.

HOLD HARMLESS –Applicant/Permittee/User shall defend, indemnify and hold harmless the City of Chehalis, its officers, officials, employees and volunteers from and against any and all claims, suits, actions, or liabilities for injury or death of any person, or for loss or damage to property, which arises out of the acts or omissions of the Applicant/Permittee/User, its employees, volunteers, representatives or vendors, or from any activity, work or thing done, permitted, or suffered by Applicant/Permittee/User, related to the permitted activity, except only such injury or damage as shall have been occasioned by the sole negligence of the City of Chehalis.

Signature of Applicant: _	Jaim L. Ill	attra	Date:8/7/2023
Organization/Title: Exec	cutive Director- Lewis	County Historical Museum	
OFFICE USE ONLY:			
Date Received: DRC Reviewed: Parcel #:		Date approved/denied Reason for denial	
Permit #:			

Will City of Chehalis services be requested for: Street Closure Security Garbage Collection EMS		Sidewalk Closure Equipment Parking Restrictions Other
Date(s) of Proposed Event: September 23, 2022		
Hours of Operation: 9:00am-9:00pm (approximately)		
Set-up Date/Time: September 23- 8:00am		
Dismantling Date/Time: September 23- 9:00pm		
Number of Staff/Volunteers: 25 volunteers		
Estimated Number of Participants: _1,000		
LOCATION/STREET(S) INVOLVED (describe area N. Market Blvd, NW Front Way, and NW Pacific Ave. The	a involved	in event, attach man/route pla
attendees will be located throughout the day.		- manufact rambar of
Alcohol? (Please circle) YES NO Only served at a		
Booths/Commercial Vendors: (Please circle) (YES) Each vendor is required to have a current City of Ch		iess license.
Cooking/Food Service: (Please circle) YES (NO)	
Fire/Fireworks/Pyrotechnics: (Please circle) YES	(NO)	
Inflatables or Amusement Rides: (Please circle) YE	ES NO	
Mechanical Rides: (Please circle) YES(NO)		
Portable Restrooms: (Please circle) YES NO	O How ma	any ? Some restrooms must mee
Dumpsters: (Please circle) YES (NO) How many a	and where?	
Signs: (Please circle) (YES) NO Four small A-fra		
rights. (Flease Circle) (FES) NO Four Small A-ira	ame direction	nal signs will be placed along sidewalks.

City of Chehalis Community Development Dept. 1321 S Market Blvd. Chehalis, WA 98532 (360) 345-2229 Fax (360) 345-1039

Email: comdev@ci.chehalis.wa.us

Event Permit Application

Cover Sheet

The application and <u>all</u> required attachments must be submitted to the Community Development Department at least <u>28 days prior</u> to the event for review and approval. If approved, it is valid for the duration of the event only. Please do not submit the application until <u>all</u> of the required items have been completed & attached.

Applicant Name:	plicant Name: Lewis County Historical Museum		Phone # (360)748-0831	
	FRONT WAY CHEHALIS, WA 98			
director@lewis county museum. org Contact Person On Site during event: JASON MATTSON		Cell # (360)669-6372		
Type of Event (cir	cle one):			
Run/Walk	Bike Tour	Parade	Street Fair	
Music / An	nplified Entertainment	Fundraiser	Community/Farmer's Market	
Other:				
Event Title: The	Chehalis Flying Saucer Party			
Event Address / Lo	ocation: Lewis Co.Historical M	useum, McFiler's	Theater/Bar, City Farm	
Event Date(s): _Se	ptember 23			
Event Hours: Star	rt time: 9:00 (AM)/ PM	End time:	10:00 AM (PM)	
Set up/assembly be	egins: 7:00 (AM)/ PM	Clean up com	pleted by: 11:00 AM /PM	
Will alcohol be ser	ved at this event?	Yes X N	0	
Anticipated number	er of attendees: 900			
What is the power	source for the event? (if neede	ed): N/A		

Please list any other details, inform	ation, etc. you feel	may be helpful in the review of the ever	nt
permit application: Vendors and ext	nibits at the museum.	Live music at the McFiler's bar.	
Movies at McFiler's Theater. Speakers a	nd vendors at City Far	rm. All events will take place at these locations	,
but there will be incresed foot traffic and	cars.		
Lawn signs will be located at 599 NW From	nt Way, the intersection	of Chamber Way & N.National, by Wal Mart on	
Louisiana Ave, and at the Chehalis Timber	land Library.		
With business owners and City approval, a	16' vinyl banner will ha	ang over Market Blvd between City Farm (456 N.	Market)
and the Southwest Washington Dance Ce	nter (437 N. Market).		_
agents, employees and officials, what action, demands and claims, include applicant/organization, the applicant personal injuries, bodily injuries, demands of the applicant/organization or any other person or entity. I certify that the information contains of my knowledge. I have read, under regulations. The permittee agrees to which may pertain to this event. I a	end, indemnify and nile acting within the ing the cost of their nt's/organization's eath, or damage to pation, its employees ned in the foregoing terstand and agree to comply with all of am authorized to comply with all of the index of the	I hold harmless the City of Chehalis, its he scope of their duties, from all causes or defense, arising in favor of the employees or third parties on account of property arising out of the acts or so or representatives, concessionaires of the application is true and correct to the best to abide by the applicable rules & other local, state and federal requirement	he est
Print name: Jason Mattson		Date: 8/3/2023	
A		Date. O S 2000	
Signature:	MARO		
Signature.	WW-0 + C		_
OFFICE USE ONLY:			_
Date Received:	Ву:	Zoning:	
Permit #	Parcel #		

