Development Review Committee Agenda

Chehalis Building and Planning Department June 29, 2022, at 9 A.M.

Meeting Location: Chehalis Airport Conference Room

9:00 AM

Site Plan Review

ST-21-0008; **2910** Jackson Highway. Scott Barricklow proposes a project to remove the house from the shoreline buffer, and attach an office to the home, while also adding a detached tractor shop. This project has completed its SSDP permit decision and appeal period. Lewis County Parcel #010737000000, zoned RUGA and IL.

9:30 AM

Special Event

SE-22-009; 2057 SW Salsbury Ave. 5K Color Run/Birthday Celebration teamed with Chehalis Foundation with raffle, coffee, food, and games.

10:00 AM

1. Interdepartmental meeting

Join Zoom Meeting

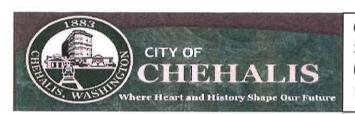
https://us06web.zoom.us/j/9484862389





Vicinity Map for AC-22-014





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?									
□ NoX Y	es if yes, insurance is required	to be s	submitted <u>along with th</u>	<i>e application.</i> (See page 3)					
No Yes if yes, insurance is required to be submitted <u>along with the application.</u> (See page 3) ******Please note: Incomplete applications are not accepted ******									
Nois Car S Othe Name of Applicant/Or Location of event:	etic Event se Permit Show er ganization: LUNIS COUNTY FIELD BELLING 205	7 su	Jalisbury Am						
Person in Charge: 🔐	mantha Magnuson	Addre	ess:2015 Jacksor	ithry Chehalis WA					
Phone Number: Daytime: 310.388.6370 Work: 3100.740.8956 Email: (required) SUMANTHA WICK FONOTH CO									
Additional Authorized	Individuals: Angle Twini	ng,	Nicole Butt	er Nate yourez					
Phone Number: Dayt	ime: Work:		Email: (required)_0	ingiè@nickEDnorthafer					
Emergency Contact: _	Sanartha Magniso	M							
Phone Number: Dayt	ime: 340.389,632 Work:								
	ed (describe event): 5K (A)	Va	Ale. Coffe, food	2, ganes					
CISTON PO	210								
	a fee or donate? (Please circle) YES		NO If yes, please provide your	EIN (tax) number.					
Will City of Chehalis se Stree	ervices be requested for: et Closure Possibly? rity page Collection		Sidewalk Closure Equipment Parking Restrictions Other						

Date(s) of Proposed Event: SUNDAY Sept 11, 2000
Hours of Operation: CRAR-14AB 9-11AM
Set-up Date/Time:
Dismantling Date/Time:
Number of Staff/Volunteers: 20 + Staff
Estimated Number of Participants: 250 RUNNEY WOLKERS
LOCATION/STREET(S) INVOLVED (describe area involved in event, attach map/route plans FIND School up to DOTH to top of Jackson hack clown DOTH to PISHUP eleving and toming around a Lapsace
Special Considerations - (Additional permits and/or licenses may be required) - Will there be:
Amplified sound? (Please circle) (YES) NO Stage / INO Speaker AKEA
Alcohol? (Please circle) YES NO
Animals? (Please circle) (YES) NO number animals DX 18 1111 NUMUL Types of animals listed here. POSSIMU PLT MUMM
Booths/Commercial Vendors: (Please circle) YES NO If yes, be sure to show them on your site plan. Each vendor is required to have a current City of Chehalis business license.
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:

RS

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

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

<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

to alert those likely to be impacted. (i.e., street closures, no parking zones, noise, etc.)

city will be able to provide.

Map data @2022 1000 ft ii



EBUSS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/15/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

If SUBROGATION IS WAIVED, subject to the terms and conditions of this certificate does not confer rights to the certificate holder in lieu of supproducer Hub International Northwest LLC PO Box 3018 Bothell, WA 98041						such endorsement(s).						
						CONTACT Emily Buss						
						PHONE (A/C, No	o, Ext): (360) /	748-0052	(A/C, No	FAX (A/C, No): (360) 237-0365		
						E-MAIL ADDRE	_{ss:} emily.bu	ıss@hubint	ernational.com			
							INSURER(S) AFFORDING COVERAGE NAIC #					
						INSURER A: Mutual of Enumclaw Insurance Company					14761	
INSURED						INSURER B:						
Lewis County Coffee Company LLC							INSURER C:					
2015 Jackson Hwy Chehalis, WA 98532						INSURER D:						
						INSURE	RE:					
						INSURER F:						
СО	VER	RAGES CER	RTIFIC	CATE	NUMBER:	REVISION NUMBER:						
IN C	IDIC <i>I</i> ERTI	IS TO CERTIFY THAT THE POLICI ATED. NOTWITHSTANDING ANY F IFICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	REQUI PER POLI	REMI TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A	NY CONTRA 7 THE POLIC	CT OR OTHER IES DESCRIB PAID CLAIMS.	DOCUMENT WITH RESE ED HEREIN IS SUBJECT	PECT TO TO ALL	O WHICH THIS	
LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIM	ITS	4 000 000	
Α	X	CLAIMS-MADE X OCCUR			BOP0015088		12/19/2021	12/19/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000 100,000	
									MED EXP (Any one person)	\$	10,000	
									PERSONAL & ADV INJURY	\$	1,000,000	
	GEN	N'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:							GENERAL AGGREGATE	\$	2,000,000	
	X	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	1,000,000	
		OTHER:								\$		
	AUT	TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
		ANY AUTO							BODILY INJURY (Per person)	\$		
		OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident) \$		
		HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
		7.0.00 0.12.							,	\$		
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB CLAIMS-MADE	:						AGGREGATE	\$		
		DED RETENTION \$								\$		
	WOF	RKERS COMPENSATION DEMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TITIES							E.L. EACH ACCIDENT	\$		
	(Mar	ICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYE	E \$		
	If yes	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
App Proj Perr Site	licati ect: : nit T Add	TION OF OPERATIONS / LOCATIONS / VEHIC ion No.: SE-22-009 2057 SW Salsbury Ave- 5K Color R ype: Special Event Permit ress: 2057 SALSBURY AVE SW, Cl o.: 005604183421	un / E	Birtho	lay Celebration	le, may b	e attached if moi	re space is requir	ed)			
CE	DTIF	EICATE HOLDER				CANO	TELL ATION					
CE	K I IF	FICATE HOLDER				CANC	ELLATION					
City of Chehalis 1321 S Market Blvd						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						

ACORD 25 (2016/03)

Chehalis, WA 98532

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AUTHORIZED REPRESENTATIVE