# Development Review Committee Agenda

Chehalis Building and Planning Department May 3, 2023, at 9 A.M.

Meeting Location: Chehalis Airport Conference Room

## 9:00 AM AC-23-012, Short Plat, Tillicum Drive

The applicant proposes a five-lot short plat. The property is zoned R-1, Single Family Residential. Lewis County parcel ID # 017481001025. The property is approximately 10.2 acres; 444,312 sq ft.

#### 9:30 AM AC-23-013, 205 N. Hamilton Rd

The applicant is proposing the relocation of Housing Mart to this location. The property is zoned CG, General Commercial. Lewis County parcel ID # 017896007000. The site is approximately 2.0 acres; 87,120 sq ft.

#### 10:00 AM SE-23-005, Chehalis Ave, Chehalisfest

Sidelines Sport Bar is applying to hold the Chehalisfest car show, vendor show and sales, and a beer garden. The event is scheduled to take place on Chehalis Avenue between Park Street and Main Street.

10:30 Interdepartmental staff meeting.

Join Zoom Meeting

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

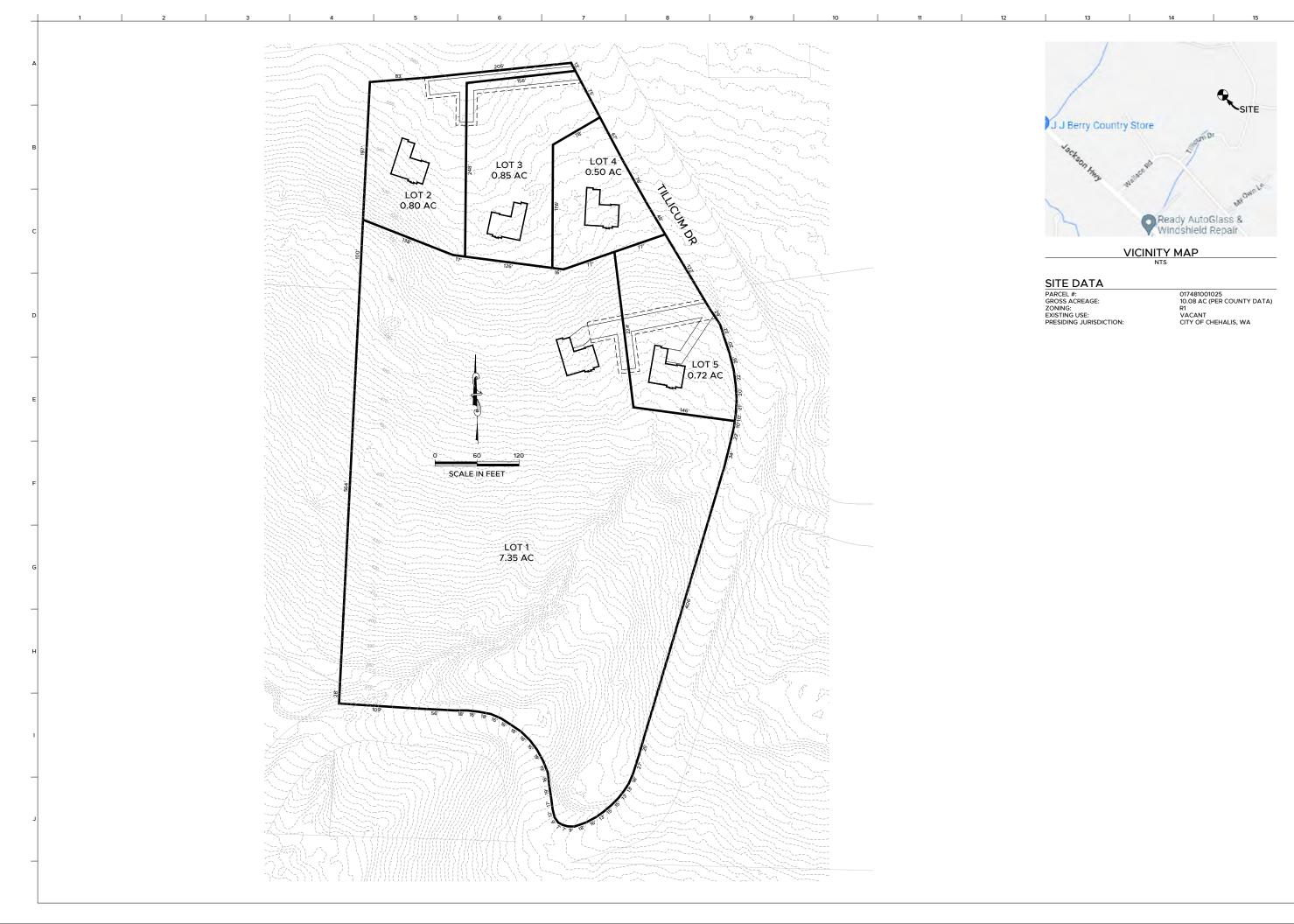


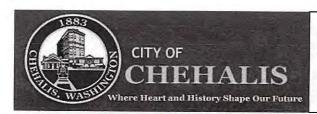


Vicinity map for AC-23-012
Tillicum Drive
Five lot Short Plat

TPN 017481001025 LEWIS COUNTY, WA

C1





# Return your conference application to Community Development Department

1321 S Market Blvd. Chehalis, WA 98532 (360) 345-2229

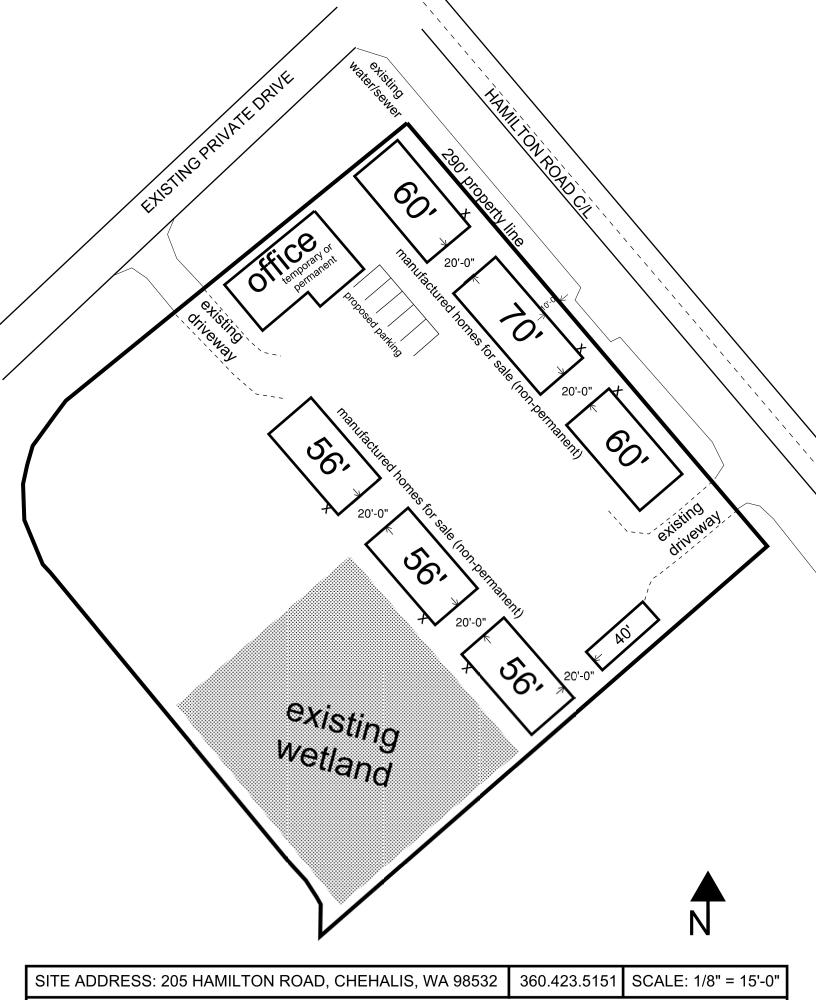
www.ci.chehalis.wa.us email: comdev@ci.chehalis.wa.us

| JOB SITE ADDRESS: No 5, tus address  | PARCEL #: 01748 10010 25   |
|--|--|
| APPLICANT / CONTACT PERSON:  NAME:   | CONTRACTOR / ENGINEER / SURVEYOR:  COMPANY NAME: Tris Group  CONTACT NAME: Same as applican?  ADDRESS: PHONE #: CONTRACTORS L&I #:  Yes No |
|  | at with access from Tillicum Dr. Water and ervice locations not yet determined.  |
| codes. By signing below, I grant permission for City of Chehalis en and approval of this proposal and to conduct inspections related to Signature: | Date: 4/18/23  |
| Name (print):<br>Vick 1 = 9 61   | Telephone #: 360 890 8955  |
| Office use only  |  |
| Received by: LF  | Date Received: 04/19/2023  |
| Parcel #: 017481001025   |  |
| Permit #: AC-23-012  |  |
| Zoning: R1- UGA  |  |
| Flood Zone: Yes No   |  |
| Zone Classification:   |  |





Vicinity map for AC-23-013 205 Hamilton Road Housing Mart



PROJECT DESCRIPTION: SITE IMPROVEMENTS FOR MANUFACTURED HOME SALES

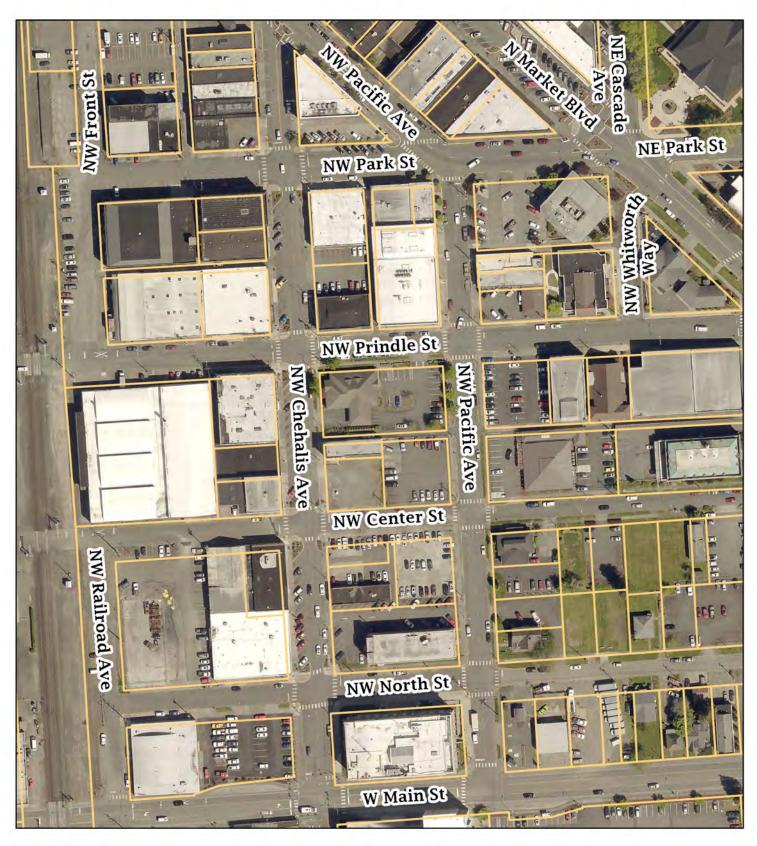


## Return your conference application to Community **Development Department**

1321 S Market Blvd. Chehalis, WA 98532 (360) 345-2229

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

| JOB SITE ADDRESS: _ 205 HAMILTON ROAD                    | PARCEL #: 017896007000                                       |
|--|--|
|  |  |
| APPLICANT / CONTACT PERSON:                              | CONTRACTOR / ENGINEER / SURVEYOR:                            |
| NAME: NEWROCK HOMES FOR HOUSING MART / AFH               | COMPANY NAME: NEWROCK HOMES / RB ENGINEERING                 |
| ADDRESS: 842 WASHINGTON WAY #150                         | CONTACT NAME: ERIC PUCCI / ALEXUS PUCCI / LISA CAVERLY       |
| CITY/ST/ZIP: LONGVIEW, WA 98632 PERMITS@NEWROCKHOMES.COM | ADDRESS: 842 WASHINGTON WAY #150 LONGVIEW, WA 98632          |
| PHUNE#: LISA@NEWROCKHOMES.COM                            | PHONE #: 360.423.5151 / 360.304.1140 / 360.957.7653          |
| EMAIL: 360.423.5151 / 360.304.1140                       | EMAIL: PERMITS@NEWROCKHOMES.COM / LISA@NEWROCKHOMES.COM      |
|  | CONTRACTORS L&I #: NEWROHI943D2                              |
| Is the property owner the same as the contact person?    | Yes No X   |
| DETAILED PROJECT DESCRIPTION:                            |  |
| PRE-APPLICATION MEETING FOR DEVELOPMENT OF COMMER        | RCIAL LAND LOCATED AT 205 HAMILTON ROAD                      |
|  |  |
|  | Date:  04-20-2023  Telephone #:  360.423.5151 / 360.304.1140 |
| Office use only  |  |
| Received by: LF  | Date Received: 04/21/2023                                    |
| Parcel #: 017896007000                                   |  |
| Permit #: AC-23-013                                      |  |
| Zoning: UGA-CG   |  |
| Flood Zone: Yes No                                       |  |
| Zone Classification:                                     |  |
|  |  |





Vicinity map for SE-23-005 Chehalisfest

man st MOUN ST HAO WA north st OPen 3045 NW CENTER w contar COL Bant Voudons Porta potty Closed Vendor Street OPEN Prindie Porta Bity NW Chandis AND SPON Closed Dw Part UN Part Con 2630 OPON ORN NE Boiston



## **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?

Will participants pay a fee or make a donation? (Please circle) YES

|     | Now Yes if yes, insurance is required to be submitted along with the application.  |
|-----|--|
|     | ******Please note: Incomplete applications not accepted *****  |
|     | 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. 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>   |
| 10- | ase check the event type:  |
| ec  | Athletic Event Street Event  |
|     | □ Noise Permit □ Park Event  |
|     | ☑ Car Show ☐ Parade  |
|     | Other Changes tost, our show, Verdor Show,   |
|     | Poor orudou  |
|     | Name of Applicant/Organization: DUS BOX & BOX  |
|     | Location of event: MOND O HOLDO  |
|     | Person in Charge: Audre McDe VicAddress: GO 600 8t. Castralia 98531  |
|     | Phone Number: Daytime: 3600 B Work: Sand Email: Challas Control of the Control of |
|     | 31 0 1 - 1 - GMOUT COM   |
|     | Additional Authorized Individuals:   |
|     | Phone Number: Daytime: 30219 708 Work: Dalle Email: Advalogo Syperiance chehalis   |
|     | Emergency Contact:   |
|     |  |
|     | Phone Number: Daytime: Work:Email:   |
|     | Type of Activity Planned (describe event): ( NONWISTOST, VOLDOT SOW)   |
|     |  |
|     | To the contract the first of the contract of t |
|     | Is this an event involving political or religious activity intended primarily for the communication or expression of ideas? (Please circle) YES (NO)   |
|     | and contain at manner it income at the last  |

NO

| Will City of Chehalis services be requested for:  |
|---|
| Street Closure Sidewalk Closure   |
| ☐ Security ☐ Equipment  |
| ☐ Garbage Collection ☐ Parking Restrictions ☐ Struct  |
| Other Partium Signas Closus   |
| "Mois parzon crontecha?"  |
| 1 min no -  |
| rate(s) of Proposed Event:  |
| lours of Operation: 7Am - 3.30pm  |
| et-up Date/Time: 10 partiers Sals Julia 22 Satur 7/29 GAM   |
| ismantling Date/Time: 129 40M   |
| lumber of Staff/Volunteers: 26  |
|   |
| stimated Number of Participants: 100 5  |
| OCATION/STREET(S) INVOLVED (describe area involved in event, attach map/route plan):  |
| Dlorso see attached man   |
|   |
| Amplified sound? (Please circle) (YES) NO Alcohol? (Please circle) (YES) NO   |
| Animals? (Please circle) YES NO number species  |
| Booths/Commercial Vendors: (Please circle) (YES) NO   |
| Booths/Commercial Vendors: (Please circle) (YES) NO<br>Each vendor is required to have a current City of Chehalis business license. |
| Control is required to have a current city or citerians business incense.   |
| Cooking/Food Service: (Please circle) YES NO  |
|   |
| ire/Fireworks/Pyrotechnics: (Please circle) YES (NO)  |
| nflatables or Amusement Rides: (Please circle) YES (NO)   |
| Mechanical Rides: (Please circle) YES NO  |
|   |
| Portable Restrooms: (Please circle) (YES) NO How many ? 1 Some restrooms must meet  |
| ADA requirements.   |
| Dumpsters: (Please circle) (YES) NO How many and where? 10 yard Dump Truck Trailer  |
| igns: (Please circle) (YES) NO  |
| Stage: (Please circle) VES NO   |

| Other special considerations: No part wa-street closure - Heavy  |  |  |
|--|--|--|
| 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.)  All Businesses & Residential management has   |  |  |
| ATTACH COPIES OF BROCHURES, POSTERS, FLYERS, OR MAILINGS ADVERTISING THIS EVENT  |  |  |
| 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: Audul Date: 4 18 23  |  |  |
| Organization/Title:  |  |  |
| OFFICE USE ONLY:   |  |  |
| Date Received: 4/19/2023 By: LF Date approved/denied   |  |  |