

Development Review Committee Agenda

Chehalis Building and Planning Department

March 27, 2024, at 9 A.M.

Meeting Location: Chehalis Airport Conference Room

9:00 AM SE-24-005; 3-on-3 Streetball Festival

Applicant proposes a 3-on-3 streetball festival to be held on August 2nd, 3rd, and 4th, 2024 occupying Center St and NW Chehalis Street, leaving access to the post office and all of Pacific from Park to North. Setup would comment on August 2nd, the festival would be held on August 3rd and 4th, and everything would be dismantled on August 4th at 7pm.

Estimated # of Participants: 250

Estimated # of Staff/Volunteers: 50

9:30 AM SE-24-006; Seattle-to-Portland Stop @ Recreation Park

Applicant proposes a food and overnight stop for Seattle-to-Portland participants at Recreation Park as a one-day food stop for 2-day riders. The Bike Coral is manned by Army National Guard. The applicant is requesting that the City cones off the parking stalls along William for portable restrooms. The applicant will provide signage stating no parking with 48 hour notice.

Parcel 005605103000 zone CG – Commercial General on 12.16 acres.

10:00 AM AC-24-009; 1309 Airport Rd – Multifamily Development

Applicant proposes to construct a two triplexes and one fourplex to be constructed in phases with infrastructure to be constructed with Phase 1. The previously existing SFR will be demolished, Sewer and Water service will be from City of Chehalis, Stormwater to be managed onsite.

10:00 AM AC-24-010; 0 Harold Drive – 65 Unit Single Family Detached Plat

Applicant proposes a 65 unit single family detached development on the southern border of Chehalis, the project started construction in September of 2023. The applicant is looking to understand how many model permits are allowed in the jurisdiction and the level of earthwork completion in order to start building the model homes.

11:00 Interdepartmental staff meeting.

Join Zoom Meeting

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

Directions to Development Review Committee

Chehalis Airport Conference Room



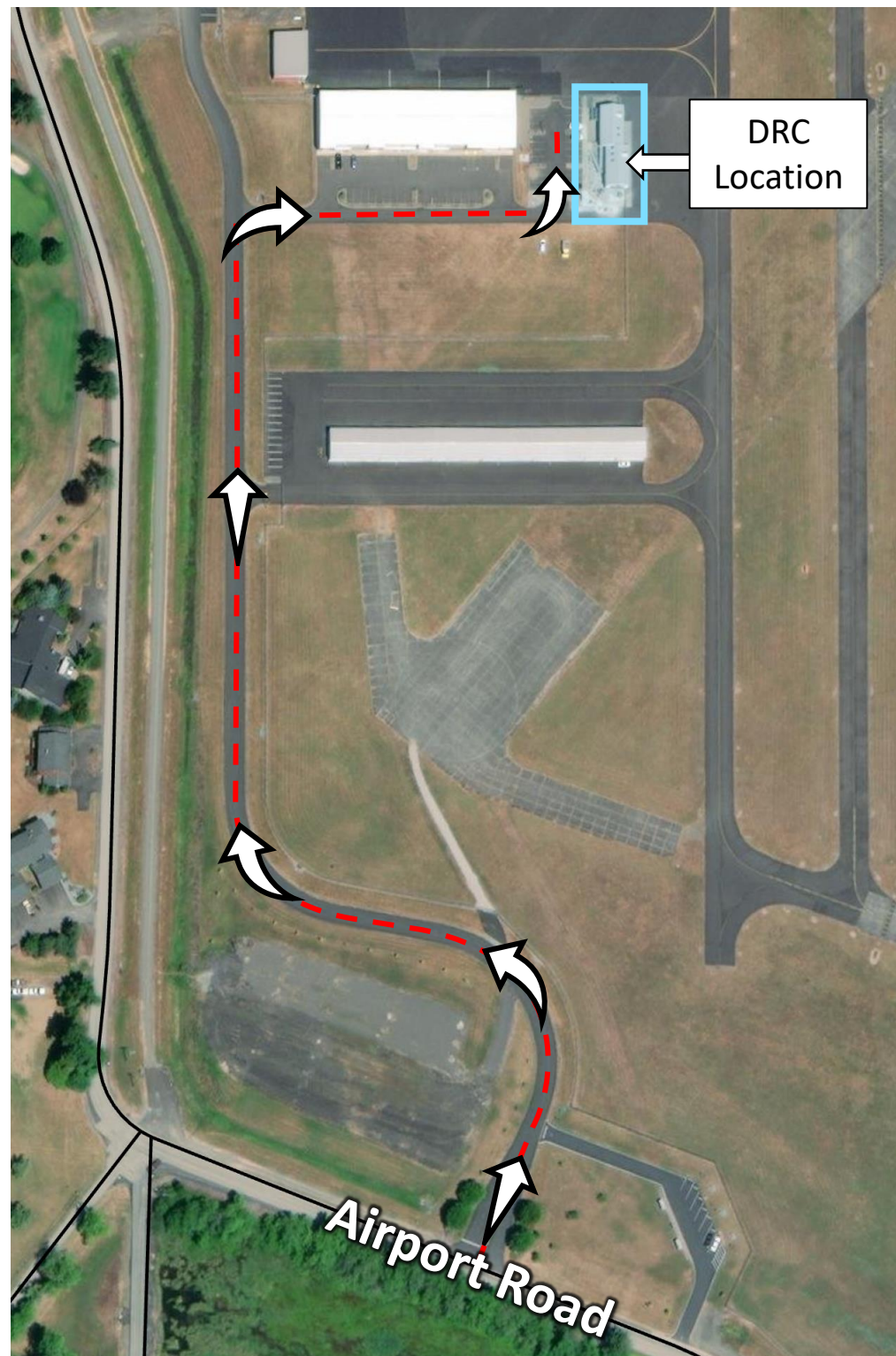
Coordinates:

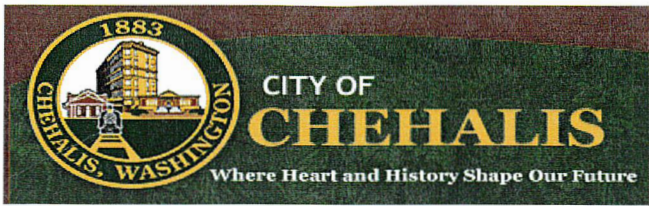
(46.672787, -122.984924)

or

46° 40' 22.0332" N

122° 59' 5.7264" W





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 Yes if yes, insurance is required to be submitted *along with the application*. (See page 3)

*****Please note: Incomplete applications are not accepted *****

Please check the event type:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Athletic Event | <input checked="" type="checkbox"/> Street Event |
| <input type="checkbox"/> Noise Permit | <input type="checkbox"/> Park Event |
| <input type="checkbox"/> Car Show | <input type="checkbox"/> Parade |
| <input type="checkbox"/> Other _____ | |

Name of Applicant/Organization: Centralia Chehalis Chamber of Commerce

Location of event: _____

Person in Charge: Cynthia Mudge Address: 500 NW Chamber of Commerce Way
Phone Number: Daytime: 360 748 8885 Work: _____ Email: (required) director@chamberway.com

Additional Authorized Individuals: Christine Demus
Phone Number: Daytime: 360 748 8885 Work: _____ Email: (required) thechamber@chamberway.com

Emergency Contact: Cynthia Mudge Christine Demus
Phone Number: Daytime: 360 480 9281 Work: _____ Email: (required) 208 964 8464

Type of Activity Planned (describe event): 3 on 3 streetball festival

Will participants pay a fee or donate? (Please circle) YES NO

Are you a non-profit organization? (Please circle) YES NO If yes, please provide your EIN (tax) number.

Will City of Chehalis services be requested for:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Street Closure | <input type="checkbox"/> Sidewalk Closure |
| <input type="checkbox"/> Security | <input type="checkbox"/> Equipment |
| <input type="checkbox"/> Garbage Collection | <input checked="" type="checkbox"/> Parking Restrictions |
| <input type="checkbox"/> EMS | <input type="checkbox"/> Other _____ |

Date(s) of Proposed Event: 2nd + Aug 3rd + 4th 2024

Hours of Operation: 3rd 8am to 7pm

Set-up Date/Time: 2nd Start Street marking @ noon (6am 3rd Aug)

Dismantling Date/Time: 4th Aug @ 7pm

Number of Staff/Volunteers: 50

Estimated Number of Participants: 250

LOCATION/STREET(S) INVOLVED (describe area involved in event, attach map/route plan):
Center St leaving access to the post office + (Center + NW) all of Pacific from Park to North (Chahalis)

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 NO 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.
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: _____

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.

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.)

Will provide notification to business again regarding closures of streets

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 or on City streets, 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.

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.

Have you included: a site plan or route plan?

A traffic control plan?

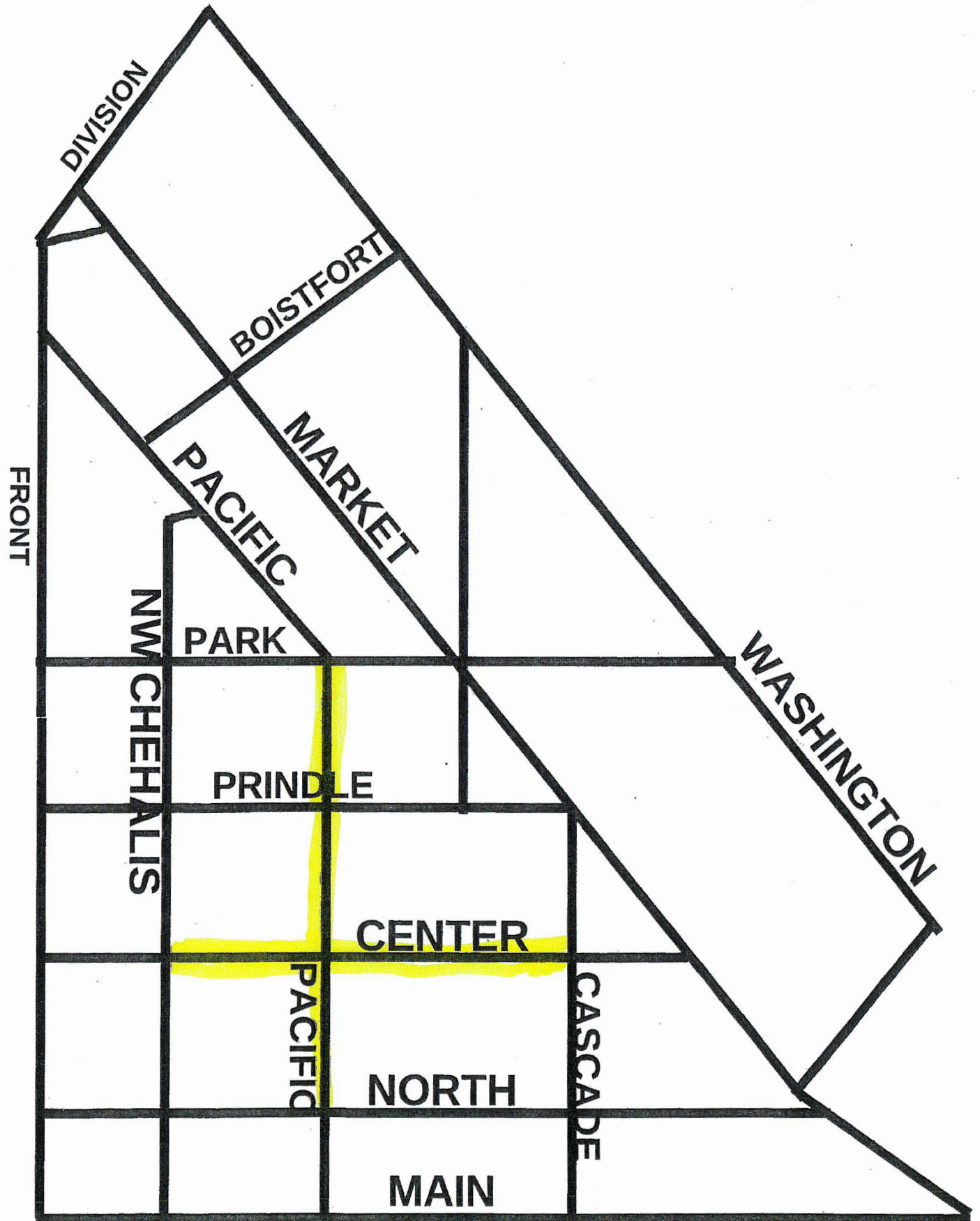
Brochures, posters, flyers, or other advertising for this event?

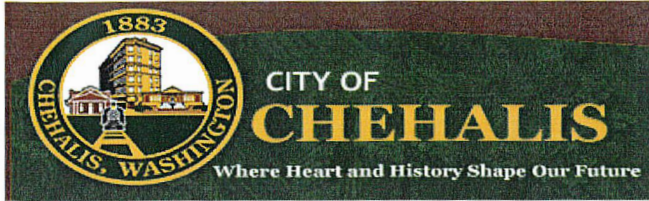
A copy of your insurance naming the City as co-covered, if applicable?

By signing below, the applicant certifies that they are at least 21 years old and an authorized representative of the event. Signer also verifies that they have read and understand all information contained within the application and understands that the event may not take place until authorized by the City.

Signature of Applicant: Cyberia M. Lige Date: 3/5/24

Organization/Title: Centralia Chehalis Chamber, Director If nonprofit, EIN number: 91-1298499





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 **Yes** if yes, insurance is required to be submitted along with the application. (See page 3)

*****Please note: Incomplete applications are not accepted *****

Please check the event type:

- Athletic Event**
- Noise Permit**
- Car Show**
- Other** _____
- Street Event**
- Park Event**
- Parade**

Name of Applicant/Organization: Centralia Chehalis Chamber of Commerce

Location of event: Penny Park STP Food Stop

Person in Charge: Christine Demus Address: 500 NW Chamber Way

Phone Number: Daytime: 360 748 8885 Work: _____ Email: (required) thechamber@chamberway.com

Additional Authorized Individuals: Cynthia Hudge

Phone Number: Daytime: 360 748 8885 Work: _____ Email: (required) director@chamberway.com

Emergency Contact: _____

Phone Number: Daytime: _____ Work: _____ Email: (required) _____

Type of Activity Planned (describe event): STP Food stop Chehalis, STP overnight stop camping @ park as the one day food stop for 2 day riders Bike Corak is manned by Army National Guard.

Will participants pay a fee or donate? (Please circle) YES **NO**

Are you a non-profit organization? (Please circle) YES NO If yes, please provide your EIN (tax) number.

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: July 13th - 14th 2024
Hours of Operation: 13th 7am - 11pm 14th 5am - 1pm
Set-up Date/Time: 13th 6am
Dismantling Date/Time: 14th 1pm
Number of Staff/Volunteers: 25+
Estimated Number of Participants: 350

LOCATION/STREET(S) INVOLVED (describe area involved in event, attach map/route plan):

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 NO 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.
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: Will need the city to cone off the parking stalls along William for portable Restrooms. We will provide ample signage. Stating no parking w/ 48 notice

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.

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.)

Close street no parking signage

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 or on City streets, 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.

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.

Have you included: a site plan or route plan?

A traffic control plan?

Brochures, posters, flyers, or other advertising for this event?

A copy of your insurance naming the City as co-covered, if applicable?

By signing below, the applicant certifies that they are at least 21 years old and an authorized representative of the event. Signer also verifies that they have read and understand all information contained within the application and understands that the event may not take place until authorized by the City.

Signature of Applicant: C. H. M. [Signature] Date: 3/5/24

Organization/Title: Chehalis-Chelan Chamber, Director If nonprofit, EIN number: 91-1298494

This is in conjunction to the STP application for signage

Right of Way Use Attachment

\$50 fee for Short Term use/Temporary use

\$100 fee for Annual Permits

Submit to: **Community Development Department**

1321 S. Market Blvd.

Chehalis, WA 98532

Type of Permit:

Right-of Way Disturbance

Short Term / Temporary

Long Term / Annual

Neighborhood Event/Parade **STP**

Other

Part A:

Number of Days Requested: 1 (90 day maximum for Disturbance and Short Term permits)

Start Date: 7-13-24 Start Time: 6am Hours of Use: 6am a.m. to 9pm p.m.

Part B:

1. Will the work involve occupancy of any street or traveled way, result in interference to any traffic or pedestrian flow, require interruption or re-routing of any vehicular or pedestrian traffic, or have any other influence on any traffic? (circle one) **NO** **YES** (If YES, a traffic control plan is required and must be submitted for approval. The traffic control plan must be in compliance with the Federal Highway Administration Manual on Uniform Traffic Control Devices and any other provisions designated by Public Works Standards.)

2. Will the work involve any disturbance to the surface, subsurface, or super-surface (bridges) of any city street right-of-way? (circle one) **NO** **YES** (If YES, a traffic control plan is required and must be submitted for approval. The permit must be obtained by a Washington State licensed and bonded contractor. The traffic control plan must be in compliance with the Federal Highway Administration Manual on Uniform Traffic Control Devices and any other provisions designated by Public Works Standards.)

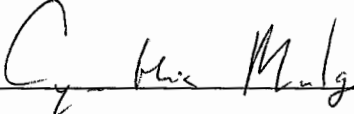
The applicant/contractor hereby agrees to perform the described work with due regard for the rights, interests, and conveniences of the public. The applicant further agrees to perform the work in compliance with all City of Chehalis ordinances/standards, state and federal regulations, and with any conditions of approval listed on the permit document.

"CALL BEFORE YOU DIG" 1-800-424-5555

****State law requires 48 hour advance notice to all utilities prior to any excavation work****

1. The petitioner, designated herein as the "grantee", their successors and assigns, will have the right and authority to enter upon the right-of-way of the city street, alley, public place or structure as indicated on the front of this form, for the purpose of such activity as applied for and approved by the Public Works Department. All provisions, conditions, regulations and requirements herein contained will be binding upon the successors and assigns of the grantee. The issuance of this permit does not diminish or negate the grantee's responsibility to comply with any other regulations, standards, licenses or obligations not covered under this permit.
2. A *Right-of-Way Disturbance Permit* is for activities that will alter the appearance of or disturb the surface, super-surface or sub-surface of a right-of-way on a temporary or permanent basis.
3. A *Short-term and Temporary Permit* is for activities that involve short-term commitments that do not physically disturb or alter the right-of-way. Uses include but are not limited to: festivals, displays, concerts and public or private gatherings. See Municipal Code 12.56.060.

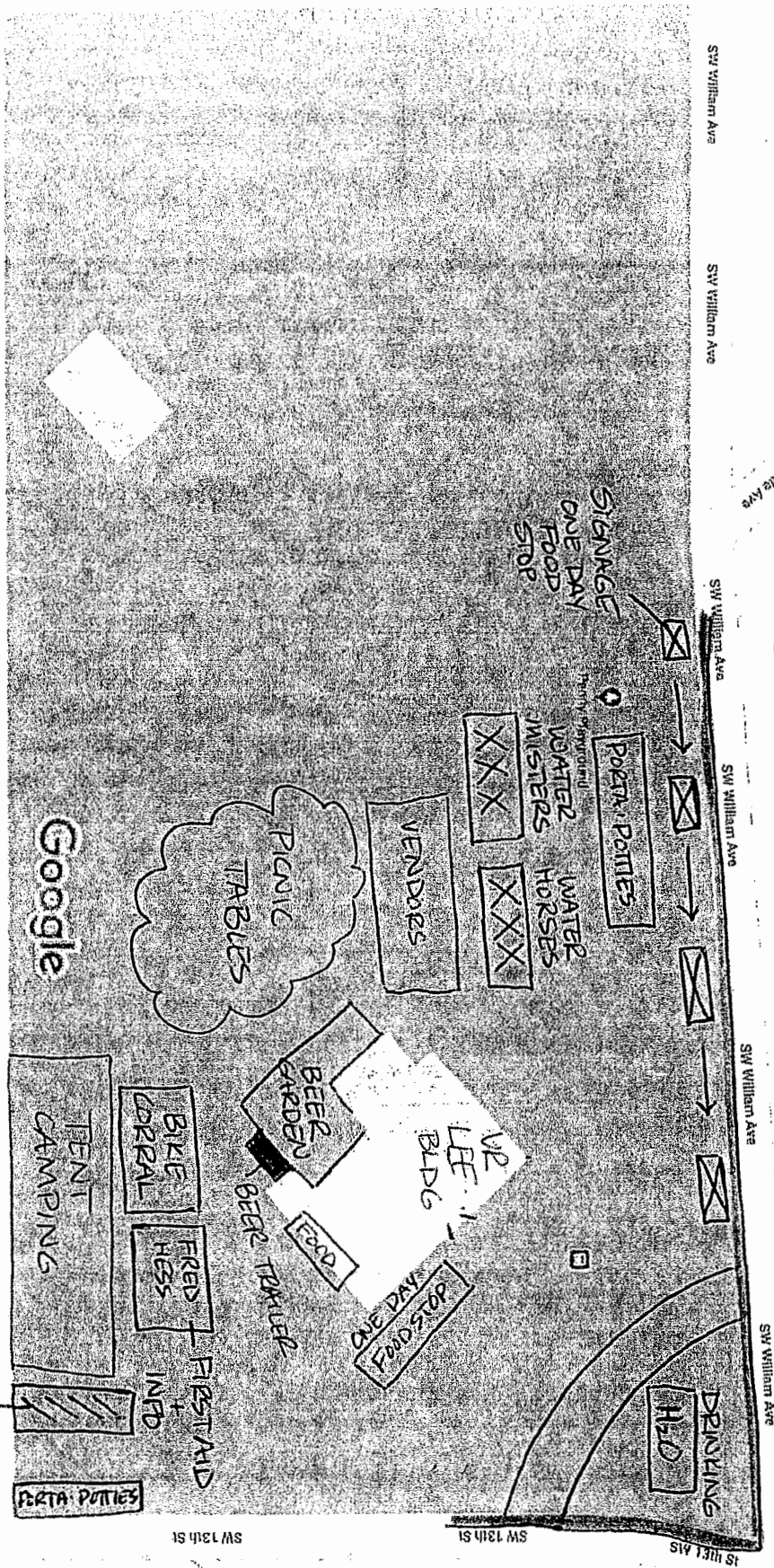
4. A *Long-term and Annual Permit* is for activities that last for an extended period of time but do not significantly disturb or alter the right-of-way. Uses include but are not limited to: construction site/haul roads, recycle facilities, advertising structures, seasonal sidewalk cafes, utility facilities, special & unique structures such as fountains, clocks, flag poles, awnings, marquees, signs, banners, street furniture and decorations. See Municipal Code 12.56.060. These permits must be renewed annually along with an associated business license if they are issued for use of public property by an adjacent business.
5. The location, type of work, materials and equipment used, manner of erection or construction, safeguarding of public traffic during and after work, mode of operation and manner of maintenance of project petitioned for, will be approved by the Public Works Director or authorized representative prior to start of work and will be subject to the inspection of the same so as to ensure proper compliance with the terms of this permit.
6. After completion of work, the grantee will leave all streets, alleys, public places and structures in as good and safe a condition in all respects, as it was prior to the commencement of any work by grantee. Damage of any kind to any street, alley, public place, structure or public property resulting from said work by the grantee will immediately be repaired by the grantee at their own sole cost and expense, to the satisfaction of the City.
7. The Public Works Director or a designated representative may perform, order, or have done any and all work considered necessary to restore to a safe condition any street, alley, public place or structure which is in a condition that is dangerous to life or property resulting from the grantee's use, activity or work as permitted herein, and upon demand, the grantee will pay to the City all costs of such work and materials.
8. The City Council, Public Works Director or designated representative may at any time, change, amend, modify, revoke, annul or terminate this permit and/or any of the conditions herein enumerated so as to conform to any state or federal statute or City regulation pertaining to the public welfare, safety, health, convenience to the public or highway regulations as are, or may hereinafter be enacted, adopted or amended, etc. The City Council, Public Works Director or designated representative may terminate this permit if grantee fails to comply with any such changes or conditions herein enumerated.
9. In accepting this permit the grantee, their successors and/or assigns agree to defend, indemnify, and hold harmless the City, its officers, employees, and agents from any and all suits, claims, causes of actions or liabilities caused by, or arising out of, any activities conducted by the grantee resulting from the issuance of the permit.

Applicant Signature: 

(Attach this form to the standard development permit application form and submit to Chehalis Community Development office, 1321 S. Market Blvd., Chehalis, WA.)

Questions regarding the specific requirements for use of a public right-of-way may be directed to the Chehalis Public Works Department (for construction or placement of obstructions), or the Chehalis Police Department (for parades or events) at the numbers above.

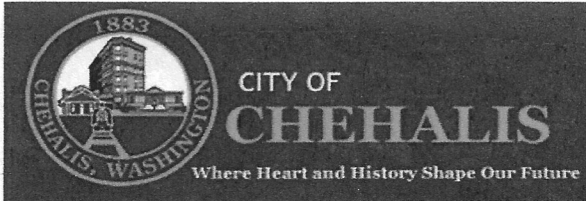
[Symbol] = Closed off - wa for riders (Parking Stalls)



Map

Seattle to Portland Bike Class

July 16 + 17th



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: 1309 Airport Rd PARCEL #: 021807006000

APPLICANT / CONTACT PERSON:

NAME: Dennis Harmon
 ADDRESS: 4742 181st Ln SW
 CITY/ST/ZIP: Rochester, WA 98579
 PHONE#: 253 442 4528
 EMAIL: harmon and harmon 66@gmail.com

CONTRACTOR / ENGINEER / SURVEYOR:

COMPANY NAME: Iris Group
 CONTACT NAME: Nick Taylor
 ADDRESS: 299 N Market Blvd
 PHONE #: 360 890 8955
 EMAIL: ntaylor@irisgroupconsulting.com
 CONTRACTORS L&I #: N/A

Is the property owner the same as the contact person? Yes No

DETAILED PROJECT DESCRIPTION: Proposed multi-family development. Proposed buildings to be constructed in phases with infrastructure to be constructed with phase 1.

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: <u>2-23-2024</u>
Name (print): <u>Nick Taylor</u>	Telephone #: <u>360 890 8955</u>

Office use only	
Received by:	Date Received:
Parcel #:	
Permit #:	
Zoning:	
Flood Zone: Yes No	
Zone Classification:	

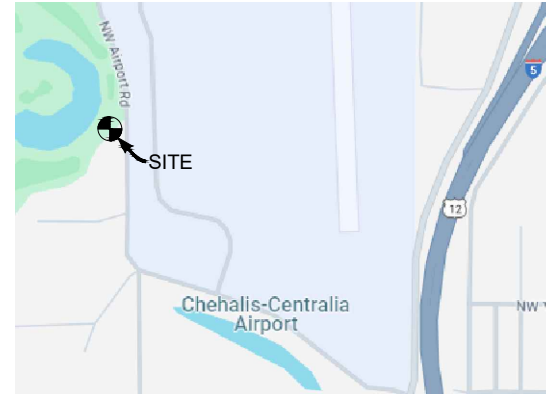
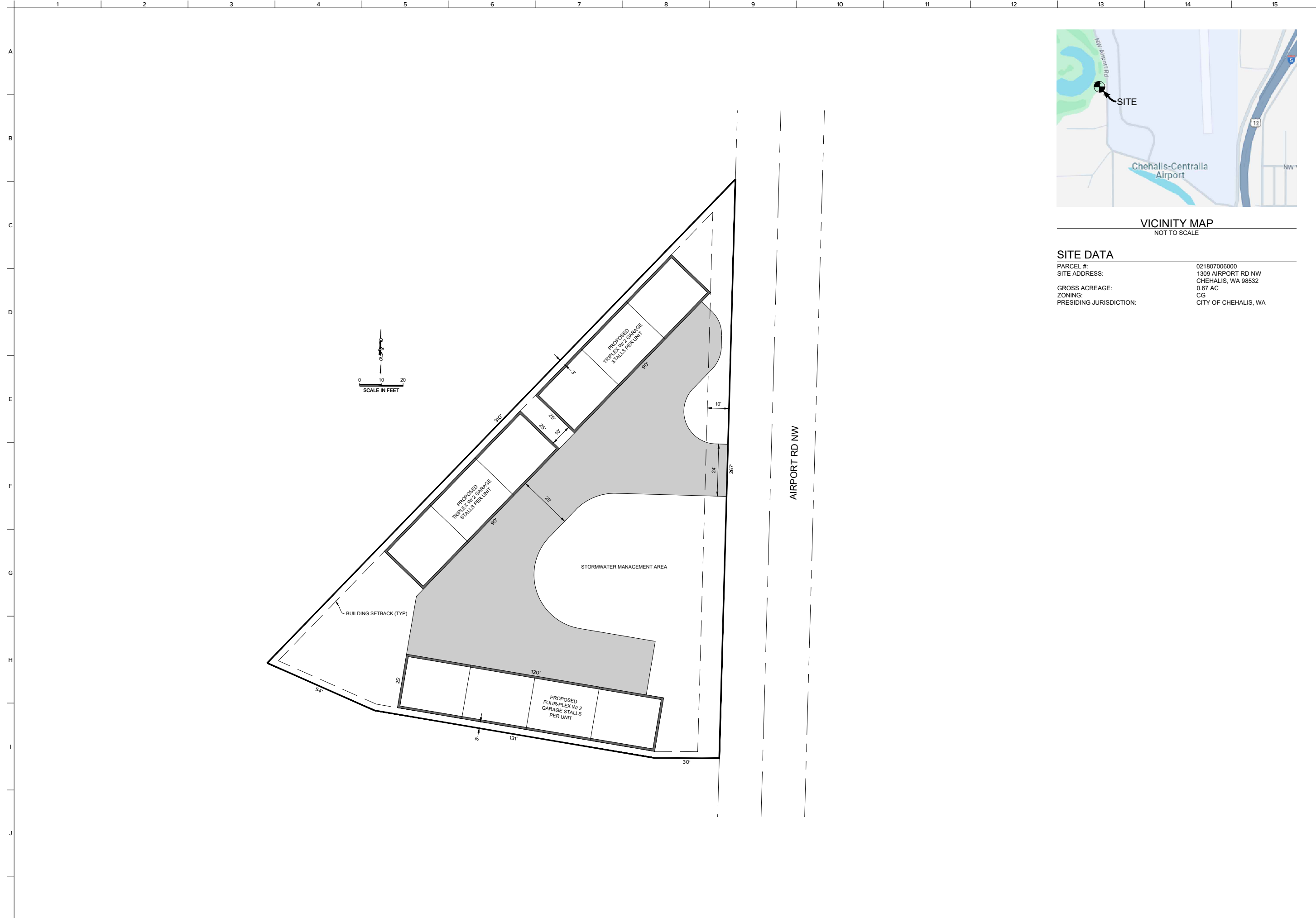
1309 Airport Rd NW

Multifamily Development

Narrative

This project plans to construct two triplexes and one fourplex in phases. The previously existing single-family residence has been demolished due to fire damage. Sewer and water service will be from the City of Chehalis. Stormwater management is planned onsite, but an infiltration study has not yet been conducted. A 2-car garage will be provided for each unit. Infrastructure for all three buildings will likely be installed as part of the first phase, which will include construction of one of the triplexes.

FILE NAME: \\P:\HHC01\CAD\Sheets\HHC01 Conceptual Layout.dwg DATE/TIME: 2/23/2024 2:50:22 PM



VICINITY MAP
NOT TO SCALE

SITE DATA

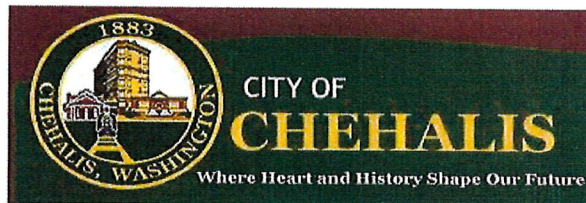
PARCEL #:	021807006000
SITE ADDRESS:	1309 AIRPORT RD NW CHEHALIS, WA 98532
GROSS ACREAGE:	0.67 AC
ZONING:	CG
PRESIDING JURISDICTION:	CITY OF CHEHALIS, WA

1309 AIRPORT RD NW
CHEHALIS, WA 98532

CONCEPTUAL SITE PLAN

PROJ. NO.:	HHC01
REVIEWED BY:	NDT
DESIGNED BY:	NDT
DRAWN BY:	RCB
DATE:	02-23-2024

Know what's BELOW
Call 811 before you dig.



Return your permit 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: 0 HAROLD DR

Parcel #: 017875734078

Applicant/Contact Person

Name: Sean Underwood

Mailing address: 20000 North Creek Pkwy

City, State, and Zip: Bothell, WA 98011

sean.underwood@centurycommunities.com

Phone #: 425-890-4530

Email: (required)

Is the property owner the same as the applicant: Yes No If yes, you may skip the property owner section

Property Owner

Name: Century Communities

Mailing address: 20000 North Creek Pkwy

City, State, and Zip: Bothell, WA 98011

Contractor/Engineer/Surveyor

Contractor's L&I #: _____

Contact Name: _____

Company/Firm Name: _____

Mailing address: _____

City, State, and Zip: _____

Phone #: _____

Email: (required)

Project Description: (Create a project narrative on a separate page if there is not enough room to completely describe your project below.)

65 Unit Single Family Detached Plat. Looking for clarity on model permit allowance.

Current market value of proposed work:

(Fair market labor and materials)

\$5,250,000

Only the plan(s) submitted will be reviewed for compliance with applicable codes. By signing below, you grant permission for any City of Chehalis employee the right to access and remain on the property for the purpose of review and approval of this proposal and to conduct inspections related to this proposal.

Signature: SGU

Date: 3/13/24

Print Name: Sean Underwood

Office use only

Received by: _____

Date Received: _____

Parcel #: _____

Permit #: _____

Zoning: _____

Flood Zone: yes no Zone Classification: _____

Applicant Conference 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: 0 Harold Drive, Parcel #: 017875734078

APPLICANT:

NAME: Century Communities
ADDRESS: 20000 North Creek Pkwy
CITY/ST/ZIP: Bothell, WA, 98011
PHONE#: 425-890-4530
EMAIL: sean.underwood@centurycommunities.com

PROPERTY OWNER (Same as Applicant? Yes No)

NAME: _____
ADDRESS: _____
CITY/ST/ZIP: _____
PHONE#: _____
EMAIL: _____

CONTACT PERSON (Same as Applicant? Yes No)

COMPANY NAME: Century Communities
NAME Sean Underwood
ADDRESS: 20000 North Creek Pkwy
CITY/STATE/ZIP Bothell, WA, 98011
PHONE # 425-890-4530
EMAIL: sean.underwood@centurycommunities.com

CONTRACTOR (Same as Property Owner? Yes No)

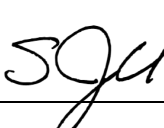
COMPANY: _____
CONTRACTOR REGISTRATION # _____
ADDRESS: _____
CITY/STATE/ZIP _____
PHONE # _____
EMAIL: _____

DETAILED PROJECT DESCRIPTION:

This is a 65 unit single family development on the southern border of Chehalis, this project started construction in September of 2023. Century is looking to understand how many model permits are allowed in this jurisdiction and the level of earthwork completiton in order to start these models.

PROJECT VALUE: _____

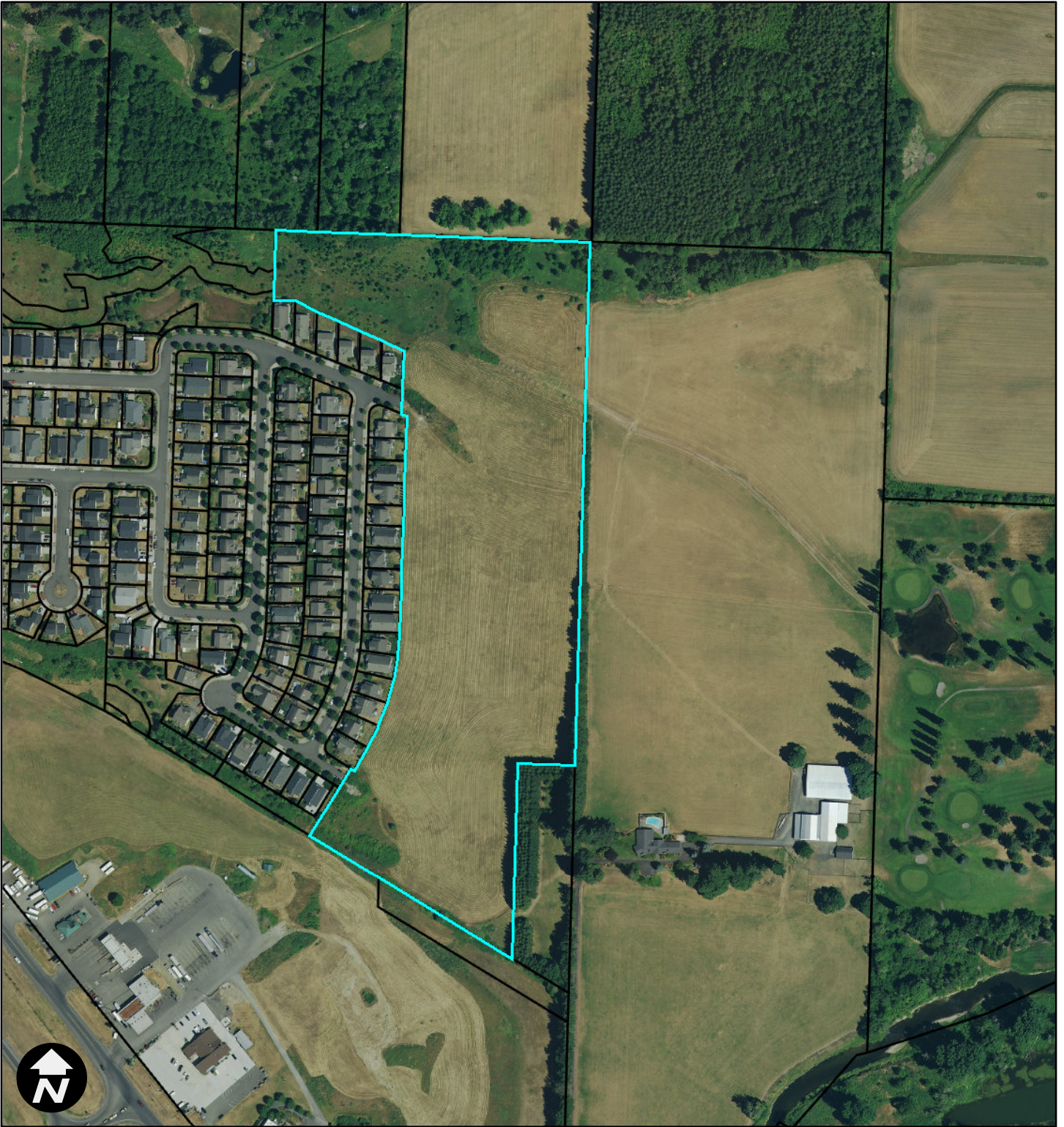
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<u>Signature:</u> 	<u>Date:</u> 3/13/24
<u>Name (print):</u> Sean Underwood	<u>Telephone #:</u> 425-890-4530

OFFICE USE ONLY:

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

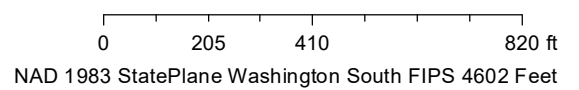
Lewis County GIS Web Map



3/21/2024, 10:18:39 AM

1:4,514

Parcels



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