



**Return your permit application to Community Development Department**

1321 S Market Blvd. Chehalis, WA 98532

(360) 345-2229

[www.ci.chehalis.wa.us](http://www.ci.chehalis.wa.us) email: [comdev@ci.chehalis.wa.us](mailto:comdev@ci.chehalis.wa.us)

Job address: 135 W Main St  
Chehalis, WA 98532

Parcel #: 003848000000

**Applicant/Contact person**

Name: Ron Wright, AIA Ron Wright & Associates/Architects, P.S.

Mailing address: 2003 Western Ave, Suite 610

City, State, and Zip: Seattle, WA 98121

Phone #: 206-728-4248

Email: (required) rwright@rwaa.com

**Contractor/Engineer/Surveyor**

Contact Name: \_\_\_\_\_

Company/Firm Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: (required) \_\_\_\_\_

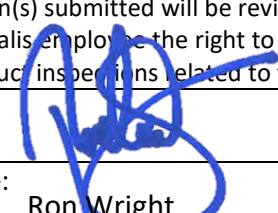
Contractor's L&I #: \_\_\_\_\_

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

**Conditional Use Permit for a 16-Bed Residential Treatment Facility (RTF) licensed by the Washington State Department of Health to be located at the existing building at 135 West Main Street, Chehalis, Washington.**

Current market value of proposed work: \$700,000  
(Fair market labor and materials)

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: 

Date: 10/26/2021

Print Name: Ron Wright

*Office use only*

Received by: LF

Date Received: 10-27-21

Parcel #: 003848000000

Permit #: CU-21-004

Zoning: CBD

Flood Zone: yes no Zone Classification: \_\_\_\_\_