



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: 153 Hamilton Rd N. Parcel #: 017897022001

Applicant/Contact Person

Name: Doug Amman
 Mailing address: 153 Hamilton Rd N
 City, State, and Zip: Chehalis WA 98532
 Phone #: 360-748-3440 Email: (required) douga@tylerrental.com
 Is the property owner the same as the applicant: Yes No If yes, you may skip the property owner section

Property Owner

Name: Tyler Rental Inc.
 Mailing address: 153 Hamilton Rd N.
 City, State, and Zip: Chehalis WA 98532

Contractor/Engineer/Surveyor

Contractor's L&I #: _____
 Contact Name: Kelly / Dianne
 Company/Firm Name: DJ's Plumbing
 Mailing address: 2619 Foron Rd
 City, State, and Zip: Centralia WA 98531
 Phone #: 360-736-6444 Email: (required) _____

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

City Water Connection

Current market value of proposed work: \$9,575
 (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: Doug Amman Date: 2/18/2022
 Print Name: Doug Amman

Office use only

Received by: <u>[Signature]</u>	Date Received:	RECEIVED Building & Planning FEB 18 2022 City of Chehalis
Parcel #: <u>017897022001</u>		
Permit #: <u>EN-22-006</u>		
Zoning: <u>RUGA-C6</u>		
Flood Zone: <u>yes</u> <input type="checkbox"/> <u>no</u> <input type="checkbox"/> Zone Classification:		

Utility Service Attachment

City of Chehalis

Public Works Department

2007 NE KRESKY AVE; CHEHALIS, WA 98532

Site Address: 153 Hamilton Rd (360) 748-0238

Permit # EN-22-005

SERVICE REQUESTED

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> INSIDE CITY | <input type="checkbox"/> OUTSIDE CITY | <input type="checkbox"/> SINGLE UNIT RESIDENTIAL | <input type="checkbox"/> DUPLEX |
| <input type="checkbox"/> SEWER | <input checked="" type="checkbox"/> REPAIR OR REPLACE EXISTING | <input type="checkbox"/> MULTIPLE - # OF UNITS: _____ | <input checked="" type="checkbox"/> COMMERCIAL/INDUSTRIAL |
| <input type="checkbox"/> WATER (METER SIZE: _____) | | <input type="checkbox"/> LATECOMER AGREEMENT: [] YES [] NO | <input type="checkbox"/> TEMPORARY CONSTRUCTION |
| <input type="checkbox"/> STORM (IMPERVIOUS AREA: _____ SQ FT) | | <input type="checkbox"/> METER DOWNSIZE FROM _____ TO _____ | <input type="checkbox"/> OTHER _____ |

CONSUMPTION & DISCHARGE SURVEY

Primary type of business (list type of operations, identify all activities producing wastewater and all activities using water):
Business - Rental - Equipment Facility

This Facility will use 1000 gallons per day of water from Public Water Supply [] Private Well [] Reclaimed Water
[] Other: _____

Estimated Number of gallons per day used for the following purposes (attach documentation demonstrating estimated usage):
[] Non-Commercial Domestic Uses _____ GPD [] Boilers, Cooling or Other Unpolluted Wastewater _____ GPD
 Non Domestic Activities (not from domestic uses of restrooms, showers, kitchens or laundry rooms) describe:
Toilets, Sinks

Is or will the water be used for any of the following:

- | | | |
|---|--|---|
| <input type="checkbox"/> FILLING TANK TRUCKS OR TRAILERS | <input type="checkbox"/> FARM | <input type="checkbox"/> WATER TREATMENT SOFTENER |
| <input type="checkbox"/> NEW WATER MAIN CONSTRUCTION | <input type="checkbox"/> HEAT EXCHANGERS | <input type="checkbox"/> IRRIGATION (Landscape or Agricultural) |
| <input type="checkbox"/> FIRE SERVICES (Sprinkler System, etc.) | <input type="checkbox"/> SOLAR HEATING | <input type="checkbox"/> OTHER: _____ |
| <input type="checkbox"/> LABORATORIES (Biological, Chemical, or Environmental, including Schools or Colleges) | | |
| <input type="checkbox"/> HOSPITAL, MEDICAL, DENTAL, VETERINARY, NURSING HOME OR MORTUARY | | |

Wastewater from this facility goes to the (check all that apply) Sanitary Sewer [] Storm Sewer [] Ground (drain field, etc)
[] Waste Haulers [] Open water, rivers, ocean [] Evaporation [] Other: _____

Stormwater from this facility goes to (list): unnamed Creek - Newaukum River, CHE River

The Stormwater System for this facility [] does does not contain a detention structure.

Chemicals used/stored on premises: in drums [] small containers [] no chemicals stored

Materials, chemicals, products, equipment, or wastes [] are are not stored in outside areas.

This Facility: [] does does not generate dangerous waste. Generator WAD# _____ (if assigned)
[] does does not have an oil-water separator.
 does [] does not wash vehicles or equipment on the premises (if so water goes to Recycling System)
[] does does not exceed 3 stories or 33 feet in height above the water main.

I understand and agree to pay all costs fees and charges associated with water, sewer and/or storm sewer construction and connection before water and/or sewer service shall be provided.

I agree to allow the city to temporarily discontinue the service at any time without notice to the customer and will hold the city harmless for any damage caused by interruption, change or failure of the water, sewer and/or storm sewer supply, and for any damage by water or other cause resulting from defective plumbing or appliances on the premises supplied with water installed by the owner or occupant of the premises. I further agree that such failures or interruptions for any reasonable period of time shall not be held to constitute a breach of agreement on the part of the city or in any way relieve the customer from performing the obligations of this or subsequent agreements.

I agree to abide by the city rules and regulations as contained in the city water, sewer and storm water ordinances, and agree to pay for the utility service as determined by the Public Works Department as specified in the city ordinances.

A contract is not entered into between the applicant and the Public Works Department until after a city representative issues the approval and all monies are paid. Approval shall be rescinded if the work has not been completed within six (6) months of the date of approval of this application.

I have personally examined and am familiar with the information submitted in this document and any attachments. I believe the submitted information is true, accurate and complete. I understand the penalty for submitting false information includes the possibility of fines and/or imprisonment.

Signature of Authorized Representative: Doug Amman Name (print): Doug Amman Date: 2/18/22 Telephone #: 360-239-5461

Applications must be signed as follows: Corporations, by a principle executive officer of at least the level of Vice President; partnership by a General Partner; sole proprietorship by the Proprietor, (ref: 40 CFR Part 403.12 (1))

DISCLOSURE: Title 40 of the Code of Federal Regulations Part 403.14 requires information provided in this questionnaire identifying the nature and frequency of discharge to be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2 and applicable State Law. Should a discharge permit be required for your facility, this information may be used to issue the permit. Washington State DOH Cross Connection Control (CCC) Regulations, WAC 246-290-490 and Chapter 10 of the Uniform Plumbing Code identify requirements related to the City's GCC program.