

Permit 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 N Hamilton Road

APPLICANT:

NAME: Fuller Designs / Cassie Fuller
 ADDRESS: 1101 Kresky Ave
 CITY/ST/ZIP: Centralia, WA 98531
 PHONE#: 360-807-4420
 EMAIL: admin@fullerdesigns.org

PROPERTY OWNER (Same as Applicant? Yes No)

NAME: Smith, Floyd and Elizabeth
 ADDRESS: PO Box 868
 CITY/ST/ZIP: Centralia, WA 98531
 PHONE#: 360-200-2139
 EMAIL: lizdsmith10@gmail.com

CONTACT PERSON (Same as Applicant? Yes No)

COMPANY NAME: _____
 NAME _____
 ADDRESS: _____
 CITY/STATE/ZIP _____
 PHONE # _____
 EMAIL: _____

CONTRACTOR (Same as Property Owner? Yes No)

COMPANY: Lake Side Custom Homes - Kelly Morrison
 CONTRACTOR REGISTRATION # _____
 ADDRESS: _____
 CITY/STATE/ZIP _____
 PHONE # 503-789-0934
 EMAIL: lakesidecustomhomes@tds.net


DETAILED PROJECT DESCRIPTION:

We are submitting a request to construct a mini storage and RV parking on behalf of our clients Floyd and Elizabeth Smith.

Please see the attached documentation and cover letter describing the project scope.

PROJECT VALUE: \$850,000 - 1,000,000

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>1/24/2022</u>
Name (print): <u>Cassie Fuller</u>	Telephone #: <u>360-807-4420</u>

OFFICE USE ONLY:

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