

Lewis County Community Development

2025 NE Kresky Ave, Chehalis, WA 98532 • Phone: (360) 740-1146 • www.lewiscountywa.gov

BUILDING PERMIT

| |
|--------------------------|
| Permit Number: _____ |
| MSR: _____ |
| Date Submitted: _____ |
| Permit Technician: _____ |

This Project is: Residential Commercial

Select all that apply:

Building Plumbing Mechanical Demolition Other _____

Project Description: _____
(Please attach additional sheets if needed)

Property Owner Information:

Tax Parcel Number: _____ Site Address: _____

Name: _____ Phone Number: _____

Mailing Address: _____ Email: _____

Applicant Information (if different): Owner Contractor Authorized Agent

Name: _____ Phone Number: _____

Mailing Address: _____ Email: _____

Contact when permit is ready or more information is required: Owner Applicant

Project Information: Self-Built Contractor

Contractor's Name: _____ L&I License #: _____

Address: _____ Phone Number: _____ Exp Date: _____

Valuation / Bid Price: _____ Bedrooms: _____ Bathrooms: _____ Construction Type: _____ Occupancy: _____

Square Feet:

Main: _____ Second: _____ Decks: _____ Covered Deck Open Deck Roof Only

Basement: _____ Finished Unfinished Garage/Shop: _____ Wood Frame Pole Type

Pre Fab Metal Building: _____ Open Sides Enclosed Finished Unfinished

Other: _____

Acknowledgment and Permission to Enter

I understand that County regulations require owner permission for County personnel to enter private property to conduct permit processing, review, and inspections. I also understand that my failure to grant permission to enter may result in denial or withdrawal of a permit or approval. By my signature below, permission is granted for representatives of the Community Development, Environmental Services, and Public Works Department to enter and remain on and about the property for the sole purpose of processing such permits and performing required inspections or reviews.

I/We certify that all plans, specifications and other submissions required in support of this application conform to the requirements of all federal, state, and local codes and applicable laws and ordinances; and I certify that I am either the current legal owner of this property or their authorized representative. With this document, I take full responsibility for the lawful action that this document allows.

I certify that I have read and understand the limitations and conditions of Lewis County Code and agree to comply with all conditions of approval. I understand that any permits issued by Lewis County, consistent with the attached site plan, are valid ONLY if construction is in according to this plan and all other conditions of the permit are followed. By my signature below, I affirm that all the information and documents provided with this application are true and accurate to the best of my knowledge.

Signature: _____ Date: _____ Fees Due: _____

Check one: Owner Authorized Agent

FOR OFFICIAL USE ONLY:

Zoning: _____ Flood Zone: _____ FIRM Panel #: _____ Lot: _____ Blk: _____ Division/Short Plat: _____
 _____ Quarter Section, Section _____, Township _____ North, Range _____ East/West (Circle One)

| Plumbing | | Mechanical | | Fees | |
|---|--|---|--|----------------------------|--|
| <input type="checkbox"/> Supplemental Fee | | <input type="checkbox"/> Supplemental Fee | | Building Permit Base Fee | |
| <input type="checkbox"/> Non Supplemental Fee | | <input type="checkbox"/> Non Supplemental Fee | | Plan Review | |
| Plumbing Fixtures: | | Mechanical Fixtures: | | Plumbing Fees | |
| | | | | Mechanical Fees | |
| | | | | State Building Code | |
| | | | | Additional Fees | |
| | | | | Oversized Copy Charge | |
| | | | | Total Building Fees | |

Additional Reviews

Geo tech Report Received: Yes No Driveway Review Required: Yes No
 Conditions / Inspection added to Adept: Yes No Reviewed By: _____

Sewer Availability Received:

New Septic Approval:
 Permit #: _____ Date Issued: _____
 Number of Bedrooms: _____

Septic Reconnect Approval:
 Permit #: _____ Date Issued: _____
 Original Permit #: _____
 Number of Bedrooms: _____

Municipal WAN Received:

Public Water Supply: _____

Individual Well:
 Well Log Received: Gallons Per Min: _____
 Date Well Drilled: _____
 WRIA: _____
 Covenant Required: Yes No AFN: _____

Notes: _____ **Date:** _____