

**Lewis County Community Development**  
**MOBILE HOME PLACEMENT APPLICATION**  
 2025 NE Kresky Ave., Chehalis, WA 98532 (360) 740-1146

DATE RECEIVED	BY

**Site Address:** \_\_\_\_\_

Tax Parcel No.	Lot No.	Blk	Division/Short Plat	Sec	Twp	Rng

**Owner ( Name / Address / Telephone)** \_\_\_\_\_

\_\_\_\_\_

**Applicant (Name / Address / Telephone)** \_\_\_\_\_

\_\_\_\_\_

Self Installed                      **CONTACT:**    Owner or    Contractor at Phone #:

\_\_\_\_\_

Home purchased from: \_\_\_\_\_

Contractor's Name and L&I License #: \_\_\_\_\_ L & I License Expiration Date:

\_\_\_\_\_

Installer's Name and WAINS# \_\_\_\_\_ WAINS Expiration Date:

Project Description: **MOBILE HOME PLACEMENT**    New;    Replacement; or    Other (explain on reverse side)

**MOBILE HOME INFORMATION:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Price: \_\_\_\_\_ Size: \_\_\_\_\_ # of Bedrooms:

\_\_\_\_\_

**I certify that** all plans, specifications and other submissions required in support of this application conform to the requirements of the State Building Code; the construction as located at the site will conform to the State Building Code and to all other applicable laws and ordinances; and I am the owner/applicant or have authority to bind the owner to these covenants and I have examined this application and know the same to be true and correct:

**OWNER / APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE SIGNED:** \_\_\_\_\_

REQUIREMENTS CHECKLIST	REQUIRED	RECEIVED	APPROVED
Critical Areas/Resource Lands (CARL) Review			
Assessor's Map (current)	✓		
Site Plan (show all existing bldgs, septic & new proposal)	✓		
Permission To Enter (PTE)	✓		
Building Permit (if full foundation proposed)			
Fire Permit			
Flood Permit (JARPA)			
Grading Permit			
SEPA Checklist			
Shoreline Permit			
Special Use Permit			
Variance			
Other:			

SEPTIC REQUIRED: Y \_\_\_ N \_\_\_ , WATER REQUIRED: Y \_\_\_ N \_\_\_ , (if yes see reverse side)

Zoning: \_\_\_\_\_ IN UGA? Y \_\_\_ N \_\_\_

Other Zoning Comments: \_\_\_\_\_

\_\_\_\_\_

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<b>PERMIT NUMBER:</b>	<b>SET #:</b>
<b>CARL NUMBER:</b>	<b>PREVIOUS CARL #:</b>
<b>TOTAL FEES FOR PERMIT:</b>	

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REQUIREMENTS CHECKLIST	REQUIRED	RECEIVED	APPROVED
<p style="text-align: center;"><b><i>New Septic Approval:</i></b></p> Permit #: _____ Date Issued: _____ # of Bedrooms: _____ CARL #: _____			
<p style="text-align: center;"><b><i>Septic Reconnect/Connection Approval</i></b></p> Permit #: _____ Date Issued: _____ Original Septic Permit # _____ # of Bedrooms _____ CARL # _____			
<p style="text-align: center;"><b><i>Water Approval:</i></b></p> Public Name: _____ Date water availability form sent to Lab: _____ Date water avail. received from the Lab: _____ Public approval: Yes _____ No _____ Individual Well _____ Well log _____ Gallons per min. _____ Bacteria _____ Date Bacteria satisfied _____ Nitrates _____ Level of Nitrates _____			

PLUMBING PERMIT				
NUMBER	TYPE OF FIXTURE			
1	Water Piping			
1	Sewer			
FEES			SPECIAL CONDITIONS:	
Mobile Placement Permit				
Plumbing Permit	22	00		
State Building Code	4	50		
<b>TOTAL BUILDING FEE:</b>				
<b>OTHER PERMIT FEES:</b>				
CARL review				
Fire Permit				
Flood Permit (JARPA)				
Grading Permit				
SEPA checklist & public hearing				
Shorelines Permit				
Special Use Permit				
Other (Variance, etc.)				
<b>TOTAL FEES</b>				

**EXPLANATION OR OTHER INFORMATION AS NEEDED:**