125 NW Chehalis Ave, Chehalis, WA 98532 ● Phone: (360) 740-1146 ● le is a

City Approval Form

This form is for buildings proposed inside city limits of Morton, Mossyrock, Pe Ell, and Toledo. This form is to certify that a proposed project complies with the city's development regulations prior to the applicant submitting a building permit at the Lewis County Community Development Office. The applicant is required to bring the following to the City with Jurisdiction for pre-approval a is es si le a a ass ia e ees a e he i Completed 'City Pre-Application' form Completed site plan meeting the 'Site Plan Requirements' handout (attached) Completed Lewis County Building Permit Application (attached)
City of Jurisdiction:
Full Project Description:
Tax Parcel Number (s):
Site Address:
Owner's Name:
Owner's Address:
Owner's Phone Number: Owner's Email:
Applicant Information:
Name:
Mailing Address:
Phone Number: E-mail:
Acknowledgment I, the property owner, applicant or authorized official, have read and understood the information of this form and the associated 'City Pre-Application Project Details' form attached and the information is correct to the best of my knowledge.
Signature: Date:
For Official Use Only
Zoning and Critical Areas:
Zoning:Is this project in compliance with the zoning regulations? \[\subseteq Yes \subseteq No
Does this project meet setbacks from property lines? Yes No
Was SEPA Completed? Yes No If no, what exemption applies?
Critical Areas on property: No critical areas were identified
Wetlands Streams Geologically Hazardous Areas Critical Aquifer Recharge
Flood Plain Shoreline Other:
Critical area reports submitted:

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Water Service:		
No water service required		
Preexisting water service		
Installation and bim	tional connection required: nonthly service fee explained Shut non-payment explained paid	
Sewer Service:		
No sewer service required		
Preexisting sewer service S	Septic	
installation required		
	monthly service fee explained es for non-payment explained d	
Other: Additional Comments:		
I certify that I, city staff, have revie		and the attached building permit application ribed meets the requirements for the following
Zoning and Critical Areas Water Service	Acknowledged by the Planning	Committee on: Not required
Sewer Service Other:	Site inspection completed on: _	Not required
Approval of Authorized Cit	y Official	
Signature:	Title:	Date:
		Date:

The application is not authorized by the city with jurisdiction unless signed and dated by a City Official.

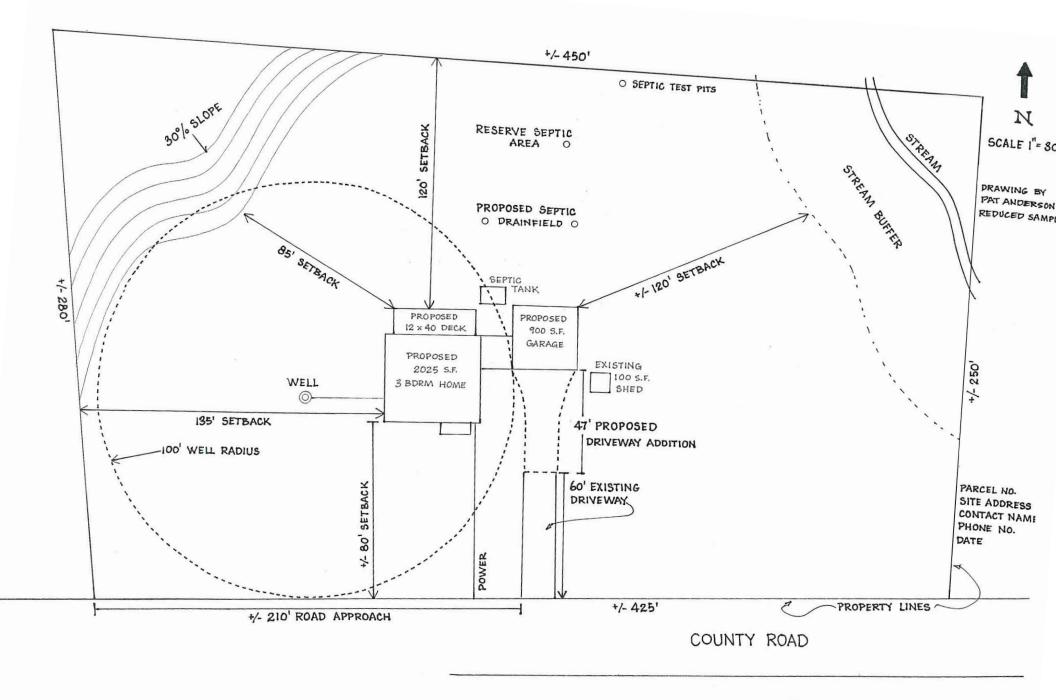
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SITE PLAN REQUIREMENTS

This checklist is intended to give a general idea of the information required for a site plan. The application should NOT be submitted unless all points below are addressed. The checklist must be submitted with the application. Submit multiple maps if necessary. Additional information may be requested. Any additional information which the applicant feels will assist in evaluating the proposal is encouraged.

Minimum size is 8.5x11-Maxiumim size is 11x17

STAFF	APPLICA	NT Pillilliulii Size iS 0.5x11-Maxiulillii Size iS 11x17
		North arrow
		Vicinity map with location and name of all roads surrounding the property
		All property lines (if the parcel is large, provide a close up)
		Setbacks from property lines for all proposed structures if an accurate scale is not
		provided
		Location and identification of all existing and proposed structures with dimensions.
		Examples including, but not limited to: houses, sheds, barns, fences, culverts, bridges,
		retaining walls, and decks
		Distance from other structures if within 10 feet
		Test holes, septic tanks, septic lines, drainfields, and reserve areas
		Wells, well circles with a 100-foot radius, water lines, etc. and all utility easements
		Distance between existing and proposed septic, wells, and buildings
		Location of all existing or proposed driveways and dimensions, easements, access roads
		etc. If there is an access easement, please provide a copy
		Location and identification of any known critical areas on site. Examples including, but
		not limited to, wetlands, streams or other surface waters, steep slopes, etc.
		Location of any known and proposed stormwater facilities
		Location, depth, and extent of any clearing, grading and filling
		For all projects other than a single family dwelling, a description of the proposed use is
		required. Examples include, but are not limited to: personal storage, commercial uses
		agricultural uses, garage, etc.



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BUILDING P	MSR·
This Project is: \square Residential \square Comme	ercial Date Submitted:
Select all that apply: Building Plumbing Mechanical Demolition C	Other Permit Technician:
Project Description:	
Property Owner Information: (Please attach a	n additional sheets if needed)
Tax Parcel Number: Site Address	s:
Name:	Phone Number:
Mailing Address:	Email:
Applicant Information (if different): \Box Owner \Box Con	ntractor Authorized Agent
Name:	
Mailing Address:	
Contact when permit is ready or more information is rec	equired: Owner Applicant
Project Information: Self-Built Contractor	
Contractor's Name:	L&I License #:
Address:Pho	
Valuation / Bid Price: Bedrooms: Bathr	
Square Feet:	· · · · · · · · · · · · · · · · · · ·
Main: Second: Decks:	☐ Covered Deck ☐ Open Deck ☐ Roof Only
Basement: ☐ Finished ☐ Unfinished	
Pre Fab Metal Building: Open Sides Enclosed	
Other:	
Acknowledgment and I	Permission to Enter
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alle e alsa eal al esa a lia le la sa ia e heia hie e ese aie Wihhis e all s	esa e i ha a ei he he e le al e his
e i ha haeeaa esa heliiaisa ii a al esa haa e isisse e is C s i isia i his laa all he iis hei aia es ie ih hisa liai ae	sis e i h hea a he si e la a e ali i he e i a e ll e si a e el a i ha al
Signature: Date:	: Fees Due:
Check one: \square Owner \square Authorized Agent	

FOR OFFICIAL USE ONLY:	FOR OFFICIAL USE ONLY:					
Zoning:Flood Zone:	FIRM Panel #:Lo	ot:Blk:Division/Short Plat:				
Quarter Section, Section, TownshipNorth, RangeEast/West (Circle One)						
Plumbing	Mechanical	Fees				
Supplemental Fee	Supplemental Fee	Building Permit Base Fee				
Non Supplemental Fee	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 Reviev	vs				
Sewer Availability Received: New Septic Approval: Permit #: Date Issued: Individual Well: Number of Bedrooms: Well Log Received: Septic Reconnect Approval: Permit #: Date Issued: WRIA: Original Permit #: Covenant Required: Number of Bedrooms: Building Plans Approval:		AN Received:				