

Lewis County Community Development

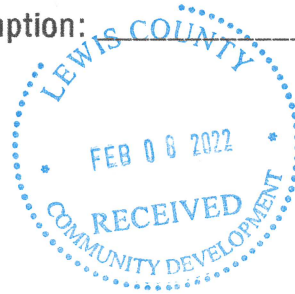
2025 NE Kresky Ave, Chehalis, WA 98532
Phone: (360) 740-1146 • Fax: (360) 740-1245

ADMINISTRATIVE APPROVAL TYPE II APPLICATION

Type II applications require a mailed notice to properties within 500 feet of the property and notice posted on the road frontage of the project description. The administrator is the decision making body for the Type II application.

The following are required to be submitted with this Type II application to begin the review process:

STAFF	APPLICANT	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Completed Site Plan (with all the requirements on the Lewis County Community Development 'Site Plan Requirements' Handout)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Completed 'General Information' Application
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Completed Permit Application for the associated permit
<input type="checkbox"/>	<input type="checkbox"/>	All additional requirements listed on application
<input type="checkbox"/>	<input type="checkbox"/>	SEPA <input type="checkbox"/> Not applicable; Exemption: _____
<input type="checkbox"/>	<input type="checkbox"/>	Application Fee



Any appeals will be heard by the Lewis County **Hearing** Examiner per the Lewis County Code Chapter 17.05.

For Official Use Only:

Date Received: <u>2-8-22</u>	Application Number: <u>AP22-00006</u>
Associated Permits: <u>MSR21-0828</u>	Permit Technician: <u>TS</u>

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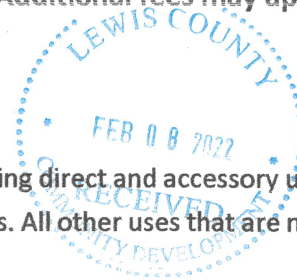
ADMINISTRATIVE APPROVAL

Fees: The minimum fee due at the time of submittal is \$280. Additional fees may apply.

Additional Information:

Staff Applicant

- Detailed summary identifying all uses proposed for the site, including direct and accessory uses. Approval will be limited to only those uses shown on the application or maps. All other uses that are not shown will be prohibited.
- Soils report, as required by the Lewis County Sanitary Code, LCC 8.40 and 8.41, if new or altered onsite sewage systems are proposed.
- Any additional materials required by an administrator for the specific project.
- If the proposed project is an animal kennel, shelter, boarding, grooming, or hospital that requires the Lewis County Dog Kennel Operating Permit from Public Health and Social Services, a copy of the Lewis County Dog Kennel Operating Permit is required to be attached.



Project Name: Trillium Tattoo Studio Permit Number: _____

Brief Description of proposal:

Water Supply:

Existing Source: Private Well Shared Well Public Water Group B Group A
 Other; If other, please explain: _____

Proposed Source: Private Well Shared Well Public Water Group B Group A
 Other; If other, please explain: _____

Sewage Disposal

Existing Method: Septic Public Sewer Other; If other, please explain: _____

Proposed Method: Septic Public Sewer Other; If other, please explain: _____

Access, Vehicles, and Traffic

Access Road: _____

Please check one: Private Road County Road State Highway
 Other: If other, please explain: _____

Number of parking spaces available: 4 Number of parking spaces proposed: _____

How many vehicle trips will be generated daily to and from the site by the proposed use? Please include employees, customers, delivery trucks, etc. "Trip" means a one-direction movement that begins at the origin and ends at the destination per LCC 12.60.030: 2-4

How will these trips be distributed by type and time of day?

*arrival & departure of myself and clients
average arrival time 11am, average departure time 6pm, usually 1 client per day*

Site Characteristics

What type of commercial activity is proposed: tattooing

Hours of operation: 11-6

On average, how many customers do you expect per day: 1

Will there be public assembly (church, event center, sports arena, etc.): Yes No

If yes, will the public assembly be within an enclosed building: Yes No

If the assembly is within an enclosed building, what is the occupancy load for the structures with proposed public assembly? _____

Please provide a floor plan detailing the layout of activities proposed in enclosed building

Total number of employees: 1 Total number of employees living on site: 0

	Existing	Proposed	Total
Number of Buildings		1	1
Gross Floor Area of all Buildings, all Floors	Sq. ft.	576 Sq. ft.	576 Sq. ft.
Total Impervious Area	Sq. ft.	576 Sq. ft.	576 Sq. ft.

Please give a description of the type and area in square feet of each use within the building (ex: commercial dwelling space, storage, etc.):

*~256 sq ft tattoo workshop area ~256 sq ft entry way / office area
~44 sq ft bathroom
~20 sq ft storage*

How do you propose to make the project compatible with the appearance and character of the surrounding area? *I plan to plant trees and have natural looking landscaping.*

*Structures will have natural wood siding.
There will be no signs indicating it is a business, as all bookings are done online.*

What provisions have been made to safeguard the adjoining properties against any detrimental effects caused by the development?

No detriments foreseen. There will be a fence for privacy along neighbors driveway. Owners of adjacent properties are familiar with my plans & have no issues that I know of. I live two miles down the road.

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GENERAL INFORMATION

Property Information:

Tax Parcel Number (s): 031905001000
Zoning: RDD10/RDD20 Acreage: 0.910
Site Address: 205 Cispus Rd Randle, WA 98377
Owner's Name: GREY FRANCIS TRILLIUM TATTOO LLC
Owner's Address: 662 Cline Rd Randle, WA 98377
Owner's Phone Number: (360) 304-9289 Owner's Email: trilliumtattoo@gmail.com
____ Quarter Section, Section 21, Township 12 North, Range 7 East/West (Circle One)

Applicant Information:

Name: Grey Francis
Mailing Address: 662 Cline Rd Randle, WA 98377
Phone Number: 360 304 9289 E-mail: trilliumtattoo@gmail.com

Surveyor/Engineer or Other Contractor Information (Attach additional sheets if necessary):

Name: Gabe Harder, Kaizen Construction LLC
Mailing Address: 2019 Jefferson St Shelton, WA 98584
Phone Number: (360) 250-7037 E-mail: gabrielharder@kaizencustomhomes.com

Acknowledgment

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.

Prior notification of the date of inspections will take place is: Required Not Required
(____) _____ (Must provide phone number where applicant/representative can be reached)

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 accordance 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: 11/24/21

Check one: Owner Authorized Agent



SCALE
1" = 10'

205 CISPUS RD
RANDLE, WA 98377

PARCEL NO. 031905001000

