

Lewis County Community Development

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

BUILDING PERMIT

This Project is: Residential Commercial

Select all that apply:

Building Plumbing Mechanical Demolition Other _____

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

Project Description: _____

(Please attach additional sheets if needed)

Property Information:

Tax Parcel Number: _____ Site Address: _____

Owner's Name: _____ Phone Number: _____

Owner's Mailing Address: _____ Email: _____

Applicant Information (if different): Owner Contractor Other: _____

Name: _____ Phone Number: _____

Mailing Address: _____ Email: _____

Project Information:

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

Self-Built: Name: _____ Phone: _____

Contractor's Name: _____ Phone: _____

L&I License #: _____ L&I Expiration Date: _____

Address: _____

Valuation/ Bid Price: _____ # of bedrooms: _____ # of bathrooms: _____ Construction Type: _____ Occupancy: _____

Square Feet: Main: _____ Second: _____ Garage: _____ Decks/Porches: _____

Finished Basement: _____ Unfinished Basement: _____ 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.

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 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: _____

Building Plans Approved: _____
Date: _____

Notes: _____