

# Lewis County Community Development

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

## PLACEMENT PERMIT

**Project Description:** \_\_\_\_\_

**This project is :** Residential Commercial  
**Select one:** New Replacement Other: \_\_\_\_\_

<b>Permit Number:</b> _____
<b>Master Site Review:</b> _____
<b>Date Submitted:</b> _____
<b>Permit Tech:</b> _____

### 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

Contractor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

L&I License #: \_\_\_\_\_ L&I Expiration Date: \_\_\_\_\_

Address: \_\_\_\_\_

Installers Name and WAINS#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Mobile Home Information:** Home purchased from: \_\_\_\_\_

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

Serial Number: \_\_\_\_\_ Price: \_\_\_\_\_ Size: \_\_\_\_\_ # of bedrooms: \_\_\_\_\_ Occupancy: \_\_\_\_\_

### 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: \_\_\_\_\_ **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)

Residential – MH Placement		Commercial – FAS	
Type	Fee	Type	Fee
Single Wide	\$325	Storage Unit (Single Wide)	\$200
Double Wide	\$490	Commercial Coach	\$300
Triple Wide	\$590	Classroom Unit	\$465
RV/Trailer – Temp	\$225	Office Unit	\$465
Park Model	\$325		
Tiny Home	\$325		

**Snow Load / Driveway Review**

Snow Load: \_\_\_\_\_ Verified By: \_\_\_\_\_ Snow Removal Agreement AFN #: \_\_\_\_\_

Driveway Review Required: \_\_\_\_\_ 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: \_\_\_\_\_

**Notes:**

**Municipal WAN Received:**

Public Water Supply: \_\_\_\_\_

**Individual Well:**

Well Log Received: \_\_\_\_\_ Gallons Per Min: \_\_\_\_\_

Date Well Drilled: \_\_\_\_\_

WRIA: \_\_\_\_\_

Covenant Required: Yes No AFN: \_\_\_\_\_