

Lewis County Community Development

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

City Approval Form

Purpose: 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:

- 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? Yes No

Does this project meet setbacks from property lines? Yes No

Was SEPA Completed? Yes No If no, what exemption applies? _____
WAC 197-11-800 or locally adopted modification

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
- New water service or additional connection required:
 - Installation and bimonthly service fee explained Shut
 - off procedures for non-payment explained
 - Water hook fee up paid

Sewer Service:

- No sewer service required
- Preexisting sewer service Septic
- installation required
- New sewer service or additional connection required:
 - Installation and bimonthly service fee explained
 - Shut off procedures for non-payment explained
 - Sewer hook up paid

Other: _____

Additional Comments:

I certify that I, city staff, have reviewed this form, the attached site plan, and the attached building permit application for development standards inside the City Limits and the project as described meets the requirements for the following:

- Zoning and Critical Areas Acknowledged by the Planning Committee on: _____ Not required
- Water Service
- Sewer Service Site inspection completed on: _____ Not required
- Other: _____

Approval of Authorized City Official

Signature: _____ Title: _____ Date: _____

Signature: _____ Title: _____ 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-Maximum size is 11x17

STAFF APPLICANT

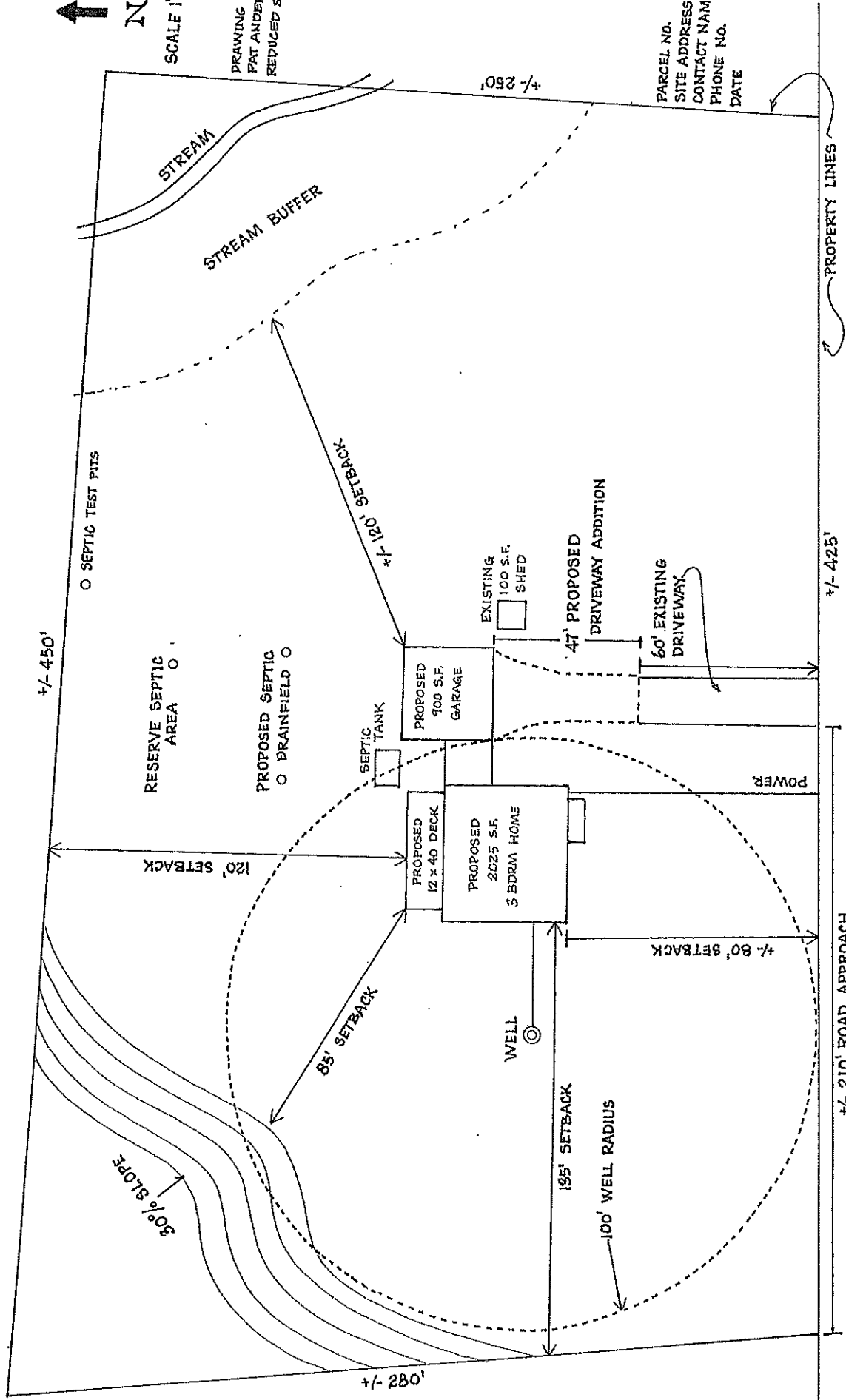
- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | North arrow |
| <input type="checkbox"/> | <input type="checkbox"/> | Vicinity map with location and name of all roads surrounding the property |
| <input type="checkbox"/> | <input type="checkbox"/> | All property lines (if the parcel is large, provide a close up) |
| <input type="checkbox"/> | <input type="checkbox"/> | Setbacks from property lines for all proposed structures if an accurate scale is not provided |
| <input type="checkbox"/> | <input type="checkbox"/> | 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 |
| <input type="checkbox"/> | <input type="checkbox"/> | Distance from other structures if within 10 feet |
| <input type="checkbox"/> | <input type="checkbox"/> | Test holes, septic tanks, septic lines, drainfields, and reserve areas |
| <input type="checkbox"/> | <input type="checkbox"/> | Wells, well circles with a 100-foot radius, water lines, etc. and all utility easements |
| <input type="checkbox"/> | <input type="checkbox"/> | Distance between existing and proposed septic, wells, and buildings |
| <input type="checkbox"/> | <input type="checkbox"/> | Location of all existing or proposed driveways and dimensions, easements, access roads etc. If there is an access easement, please provide a copy |
| <input type="checkbox"/> | <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | <input type="checkbox"/> | Location of any known and proposed stormwater facilities |
| <input type="checkbox"/> | <input type="checkbox"/> | Location, depth, and extent of any clearing, grading and filling |
| <input type="checkbox"/> | <input type="checkbox"/> | 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. |



SCALE 1" = 80'

DRAWING BY
PAT ANDERSON
REDUCED SAMPLE

PARCEL NO.
SITE ADDRESS
CONTACT NAME
PHONE NO.
DATE



+/- 450'

○ SEPTIC TEST PITS

RESERVE SEPTIC AREA ○

PROPOSED SEPTIC DRAINFIELD ○

SEPTIC TANK

PROPOSED 900 S.F. GARAGE

EXISTING 100 S.F. SHED

47' PROPOSED DRIVEWAY ADDITION

60' EXISTING DRIVEWAY

POWER

PROPOSED 12 x 40 DECK

PROPOSED 2025 S.F. 3 BDRM HOME

WELL

135' SETBACK

100' WELL RADIUS

+/- 80' SETBACK

+/- 210' ROAD APPROACH

+/- 425'

PROPERTY LINES

COUNTY ROAD

+/- 280'

+/- 250'

30% SLOPE

STREAM

STREAM BUFFER

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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: Municipal WAN Received:
 New Septic Approval: Public Water Supply: _____
 Permit #: _____ Date Issued: _____ Individual Well:
 Number of Bedrooms: _____ Well Log Received: Gallons Per Min: _____
 Septic Reconnect Approval: Date Well Drilled: _____
 Permit #: _____ Date Issued: _____ WRIA: _____
 Original Permit #: _____ Covenant Required: Yes No AFN: _____
 Number of Bedrooms: _____ Building Plans Approved: _____
 Notes: Date: _____