

CITY OF CHELAN BUILDING PERMIT APPLICATION DEPARTMENT OF CODE ADMINISTRATION P.O. BOX 1669 135 E. JOHNSON CHELAN, WA 98816 (509) 682-8017 or (509) 682-8050 (FAX)		DATE APPLIED
		PERMIT NO.
JOB SITE ADDRESS		JOB SITE PHONE
LEGAL DESCRIPTION		PARCEL NO.
NATURE OF WORK		LABOR AND MATERIALS \$
TYPE OF CONSTRUCTION: <input type="checkbox"/> New Commercial <input type="checkbox"/> Commercial Alteration <input type="checkbox"/> Commercial Addition <input type="checkbox"/> Mobile Home <input type="checkbox"/> New Residential <input type="checkbox"/> Residential Alteration <input type="checkbox"/> Residential Addition <input type="checkbox"/> Other <input type="checkbox"/> Multi-Family <input type="checkbox"/> Tenant Improvements <input type="checkbox"/> Foundation <input type="checkbox"/> Demolition Sq. Ft. _____ Start Date _____ Disposal Site _____		
APPLICANT'S NAME:		TELEPHONE:
		DAY (____) _____
MAILING ADDRESS: (STREET, P.O., CITY, STATE, ZIP)		CELL(____) _____
OWNER'S NAME:		TELEPHONE:
		DAY (____) _____
MAILING ADDRESS: (STREET, P.O., CITY, STATE, ZIP)		CELL(____) _____
CONTRACTOR'S NAME: (copy of contractor's registration card required):		TELEPHONE:
		DAY (____) _____
MAILING ADDRESS: (STREET, P.O., CITY, STATE, ZIP)		CELL (____) _____
CONTRACTOR'S LICENSE NO.	LICENSE EXPIRATION DATE:	CITY BUSINESS LICENSE NO. (REQUIRED)
ARCHITECT/DESIGNER'S NAME:		TELEPHONE:
		DAY (____) _____
MAILING ADDRESS: (STREET, P.O., CITY, STATE, ZIP)		CELL (____) _____
LENDING AGENCY NAME: (RCW 19.27.095)		TELEPHONE:
		DAY (____) _____
MAILING ADDRESS: (STREET, P.O., CITY, STATE, ZIP)		CELL (____) _____
<input type="checkbox"/> Sewer <input type="checkbox"/> Septic <input type="checkbox"/> New <input type="checkbox"/> Existing		Within 200 ft. of: ____ Lake    ____ Stream
I hereby certify that I will pay all fees as required by law. I also hereby certify under penalty of perjury under the laws of the State of Washington that the above answers are true and complete to the best of my knowledge. I understand that the lead agency is relying on them to make its decision.		
_____ Date Submitted: _____		_____ Date Submitted: _____
Applicant Signature		Authorized Agent Signature
Print Name _____		Print Name _____
Place Where Signed: _____, WA		Place Where Signed: _____, WA



**CITY OF CHELAN  
CRITICAL AREAS REVIEW CHECKLIST**

Completion of this environmental review checklist shall be required prior to any development or other alteration in or within 250' (two hundred and fifty feet) of any known or potential Critical Area in the City of Chelan or its UGA. An application submitted for any use or activity requiring a permit shall not be considered complete until this form has been completed, signed and placed in the project file. This checklist is not a substitute for an Environmental Checklist required under SEPA.

**GENERAL INFORMATION**—to be completed by the applicant when this checklist is submitted

<b>Applicant</b>		
Name:		
<input type="checkbox"/> Landowner <input type="checkbox"/> Owner's agent. If agent, landowner's name:		
Address:		
City:	State:	ZIP:
Phone:	FAX:	Email:
<b>Site</b>		
Address:		
Parcel Number(s):		
Zoning District:		

**Brief description of project:**

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Please attach any information that will assist the City in its preliminary evaluation of the proposed alteration.

I hereby certify that I will pay all fees, if any, as required by law. I also hereby certify under penalty of perjury under the laws of the State of Washington that the above answers are true and complete to the best of my knowledge. I understand that the lead agency is relying on them to make its decision.

Applicant Signature \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Print Name \_\_\_\_\_

Place Where Signed: \_\_\_\_\_, WA

**FOR OFFICIAL USE ONLY**

**FINDINGS AND STUDY REQUIREMENTS**—to be completed by the Administrator based on his or her preliminary evaluation

**Administrator’s findings based on Preliminary Evaluation:**

- (A) The proposed alteration is not located in or in such proximity to a Critical Area defined by Chapter 14.10 that it poses a threat to proposed development or to the health or safety of humans or the environment of the subject property or adjacent properties. No further study is required at this time.
- (B) The proposed alteration is in or adjacent to a Critical Area and is exempt from the requirements of the Critical Area Ordinance (Chapter 14.10). Nature of Exemption and code section:

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- (C) The proposed alteration is located in or adjacent to, or includes project actions that may affect, one or more Critical Areas, as indicated below:

- Wetland
- Critical Aquifer Recharge Area
- Fish and Wildlife Habitat Conservation Area
- Geologically Hazardous Area
- Frequently Flooded Area

**Information source(s) used by the Administrator in his or her preliminary evaluation:**

- City of Chelan generalized Critical Areas map
- Wetland map based on the NWI
- SWAP map
- PHS Maps or other maps based on current PHS data
- The Flood Insurance Study for the City of Chelan*
- Chelan County Soil Survey*
- Seismic Design Category Map for Residential Construction in Washington, Sheet 2*
- Other

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**The Administrator requires that the following information be provided:**

- Critical area study for Wetlands
- Wetland identification and delineation
- Critical area study for Critical Aquifer Recharge Areas
- Hydrogeologic evaluation (required as part of Critical Area Study if the applicant is requesting that the City declassify or reclassify a specific area designated as a Critical Aquifer Recharge Area)
- Critical area study for Fish and Wildlife Habitat Conservation Areas
- Critical area study for Geologically Hazardous Areas

**Note: no Critical Area Study is required for Frequently Flooded Areas; however, all development in such areas requires compliance with the City’s Flood Hazard Areas provisions (Chapter 15.10, CMC)**

*continued on next page*

**CHECKLIST DOCUMENTATION**—to be completed by the Administrator and signed by the Administrator and the applicant when all required information has been submitted and any permit conditions have been determined.

- Documentation of preliminary evaluation is attached
- Documentation of Administrator’s findings supporting any exemption, exception, or waiver is attached
- Any required information (e.g., Critical Area Study) is attached
- Any permit conditions, including but not limited to requirements for mitigation, monitoring and reporting, or buffers, are attached

**For the City of Chelan:**

The attached information, including any required Critical Area Study, Administrative findings, and permit conditions, satisfies the intent of Chapter 14.10 related to the protection of Critical Areas, public and private property, and the public health, safety, and welfare.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

**Owner/Applicant:** The information provided is the best information available concerning the location of Critical Areas as defined by Chapter 14.10. The proposed alteration and the mitigation proposed will, to the greatest extent possible, protect Critical Areas, public and private property and the public health, safety, and welfare.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_