



## CITY OF CHELAN

P.O. BOX 1669  
135 E. JOHNSON ST.  
CHELAN, WA 98816  
(509)682-8017  
(509)682-8050 (FAX)

### INTERIOR TENANT IMPROVEMENTS

### BUILDING PERMIT APPLICATION

In order to process and review permit applications in a timely fashion, the documents and document descriptions listed on the following sheets are the minimum requirements necessary for permit submittal and review. The more information that is supplied, the easier it will be to review the project. ***Failure to submit the required information will cause undue delay in the permit review process*** and, failure to include any of the documents or information listed will result in the City's being unable to accept the Building Permit Application. If you should have any questions regarding the minimum requirements of submittal, please call the Building Department at (509)682-8017 prior to bringing the submittal package to the City.

# TENANT IMPROVEMENT BUILDING PERMIT SUBMITTAL CHECKLIST

**THIS IS NOT A REVIEW.** This list is used to assure that your submittal includes at least the minimum information needed to start the zoning/building review process. **Building permit applications will not be accepted until ALL requirements have been satisfied.**

The following requirements pertain to a building permit for any improvements to the interior of a commercial space.

**Please submit one complete electronic set of plans and supporting documents.**

(The electronic version of plans may be submitted with the application forms on a disc, flash drive or emailed to [lwilliams@cityofchelan.us](mailto:lwilliams@cityofchelan.us))

APPLICANT SUBMITTAL ITEMS			STAFF VERIFICATION / INTAKE COMMENTS
	YES	N/A	
1.	<input type="checkbox"/>	<input type="checkbox"/>	Complete Application <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes
2.	<input type="checkbox"/>	<input type="checkbox"/>	Deed / Legal Description (Attached) <input type="checkbox"/> Yes
3.	<input type="checkbox"/>		Zoning: _____ (Check with Department Staff for Setbacks, Zoning, and Critical Area Restrictions) Have Subdivision Notes and Conditions of Approval Been Achieved? (Refer to Respective Files) Violations <input type="checkbox"/> No <input type="checkbox"/> Yes; File #: _____
4.	<input type="checkbox"/>	<input type="checkbox"/>	<b>CRITICAL AREAS AND REPORTS</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Form Submitted
5.	<input type="checkbox"/>	<input type="checkbox"/>	<b>ADDITIONAL COMMERCIAL ITEMS</b> Landscape Plan <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attached Traffic Impact Study <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attached Parking; Existing: _____ Proposed: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No No: Existing: _____ Proposed: _____ ADA Compliant Parking; # of spaces: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No No: Existing: _____ Proposed: _____ Employees; Existing: _____ Proposed: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No No: Existing: _____ Proposed: _____ Restaurant; Existing Seats: _____ Proposed: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No No: Existing: _____ Proposed: _____
6.	<input type="checkbox"/>	<input type="checkbox"/>	<b>BUILDING PLANS IN ARCHITECTUAL SCALE</b> Floor Plan (each floor level) <input type="checkbox"/> Yes <input type="checkbox"/> No Scale Utilized: _____ Means of Egress Plan <input type="checkbox"/> Yes <input type="checkbox"/> No Floor Framing (each floor & decks) <input type="checkbox"/> Yes <input type="checkbox"/> No Engineering - Structural / Trusses(Stamp required) <input type="checkbox"/> Yes <input type="checkbox"/> No Designed for Wind, Snow, Seismic & Frost? (Verify design criteria w/the Building Division) Mechanical and Plumbing systems <input type="checkbox"/> Yes <input type="checkbox"/> No Cross-section(s) <input type="checkbox"/> Yes <input type="checkbox"/> No Washington State Energy Compliance Form <input type="checkbox"/> Yes <input type="checkbox"/> No Building Height: _____ Heat Loss Calculations <input type="checkbox"/> Yes <input type="checkbox"/> No Attached <input type="checkbox"/> Submittal at Framing Inspection
7.	<input type="checkbox"/>	<input type="checkbox"/>	Copy of Contractor's License (Unexpired) <input type="checkbox"/> N/A <input type="checkbox"/> Yes; Expiration date: _____
8.	<input type="checkbox"/>	<input type="checkbox"/>	Cross Connection Control Survey <input type="checkbox"/> Yes <input type="checkbox"/> No
9.	<input type="checkbox"/>	<input type="checkbox"/>	Site Map <input type="checkbox"/> Yes
10.	<input type="checkbox"/>	<input type="checkbox"/>	Submittal Fees Paid <input type="checkbox"/> Yes <input type="checkbox"/> No

**SUBMIT THIS SHEET WITH YOUR APPLICATION**

**APPLICATIONS ARE REVIEWED FOR ZONING AND BUILDING PLAN COMPLIANCE.  
THE DEPARTMENT WILL NOTIFY THE APPLICANT ONCE THE APPLICATION IS READY FOR ISSUANCE.**



# CITY OF CHELAN

DEPARTMENT OF COMMUNITY DEVELOPMENT  
135 E JOHNSON AVENUE, PO Box 1669, CHELAN, WA 98816  
TELEPHONE: (509) 682-8017 FAX: (509) 682-8050

## INTERIOR TENANT IMPROVEMENT PERMIT APPLICATION

Parcel Number (APN): \_\_\_\_\_ Lot Size: \_\_\_\_\_ (Acres)  
Parcel Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_  
Abbreviated Legal Description: \_\_\_\_\_  
Property Owner(s): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_ ☐ *Copy of Recorded Deed is required as an attachment.*

Applicant: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Contractor's Name: \_\_\_\_\_  
Contractor's License No. \_\_\_\_\_ License Expires: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_ City Business License No. \_\_\_\_\_

**Application For:** ☐ Remodel ☐ Commercial Building ☐ Multi-Family Building (3 Units or More)

Labor and Material Valuation: \$ \_\_\_\_\_

☐ Fire Repair/Replacement of: \_\_\_\_\_ Destruction Date: \_\_\_\_\_

☐ Tenant Improvement / Interior Remodel: \_\_\_\_\_

☐ Change of use/Proposed Occupancy: \_\_\_\_\_

If addition to building is proposed, please identify existing footprint and square footage of structure(s):

\_\_\_\_\_

☐ Other: \_\_\_\_\_

**Detailed Description of Proposed Use for the Structure:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Continued on Next Page*

**IBC Building Construction Type:**

- ☐ Type IA      ☐ Type IIA      ☐ Type IIIA      ☐ Type IV      ☐ Type VA  
☐ Type IB      ☐ Type IIB      ☐ Type IIIB      ☐ Type VB

**IBC Sprinkler Substitutions (If applicable, please specify all that apply):**

- ☐ Area Increase      ☐ Story Increase      ☐ One-Hour Construction  
☐ Unlimited Areas      ☐ Height Increase      ☐ Other: \_\_\_\_\_

**Structure / Development Details:** Dimensions of Building Footprint: \_\_\_\_\_ (ft.)

Building Height: \_\_\_\_\_ (ft.)      Number of Stories: \_\_\_\_\_

☐ **Label Existing/Finished Grade on all 4 elevation views of Building Plans.**

**Floor Area(s)—check all that apply and indicate the area in Square Feet:**

- ☐ Basement: \_\_\_\_\_ ☐ Main/1<sup>st</sup> Floor: \_\_\_\_\_ ☐ 2<sup>nd</sup> Floor: \_\_\_\_\_ ☐ 3<sup>rd</sup> Floor: \_\_\_\_\_ ☐ 4<sup>th</sup> Floor: \_\_\_\_\_  
☐ Deck: \_\_\_\_\_ ☐ Covered Porches/Patios: \_\_\_\_\_ ☐ Mezzanine: \_\_\_\_\_ ☐ Storage: \_\_\_\_\_  
☐ Other: \_\_\_\_\_ Area: \_\_\_\_\_ (sq. ft.)  
☐ Retaining Wall(s): Length(s): \_\_\_\_\_ (ft.)      Height(s): \_\_\_\_\_ (ft.)  
☐ Occupant Load \_\_\_\_\_

**For existing structure(s), describe existing use and occupancy:**

\_\_\_\_\_

**Please provide the following details (indicate retail/office areas in square feet):**

Existing Bathrooms: \_\_\_\_\_ New Proposed Bathrooms: \_\_\_\_\_  
 Existing Retail Space: \_\_\_\_\_ New Proposed Retail Space: \_\_\_\_\_  
 Existing Office Space: \_\_\_\_\_ New Proposed Office Space: \_\_\_\_\_  
 No. of Existing Employees: \_\_\_\_\_ No. of Proposed Employees: \_\_\_\_\_

Will New Proposal Affect Existing Parking or Access? ☐ Yes ☐ No

No. of Existing Off-Street Parking Spaces: \_\_\_\_\_ No. of Proposed Off-Street Parking Spaces: \_\_\_\_\_

New/Change Mechanical? ☐ Yes ☐ No

New Landscaping Proposed? ☐ Yes ☐ No ☐ Landscaping Plan attached, if applicable.

Is this building for Restaurant Use: ☐ No ☐ Yes, please indicate the number of seats in the establishment.

Existing Number of Seating: \_\_\_\_\_ Proposed Number of Seating: \_\_\_\_\_

**Impervious Surface (IS) Information in Square Feet:**

**Refer to City of Chelan City Standards (Appendix A) for the definition of "Impervious Surface."**

Existing IS (Include existing roof, driveway, etc.): \_\_\_\_\_ New IS (Include new roof, driveway, etc.): \_\_\_\_\_

Total Impervious Surface (Existing Impervious Surface plus New Impervious Surface): \_\_\_\_\_ (sq. ft.)

**Total Square Footage of All Commercial Buildings (structures only) on Property:** \_\_\_\_\_ (sq. ft.)

**Sanitation Disposal:**

☐ Sewer ☐ Septic Permit #: \_\_\_\_\_ ☐ Existing ☐ New

☐ **Provide copy of septic permit approval, if applicable**

**Please Complete the Following:**

**If applicable: (Required by RCW 19.27.095)**

Lending Agency Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Contractor's Bonding Firm: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**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.**

**Signature:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_

**Print Owner/Applicant Name:** \_\_\_\_\_

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

CALL BEFORE YOU  
DIG  
1-800-424-5555

## OWNERSHIP CERTIFICATION

I, \_\_\_\_\_, hereby certify that I am the major property owner(s) or officer of the corporation owning the property described in the attached application. I also hereby certify under penalty of perjury under the laws of the State of Washington that this application and that the statements, answers, and information are in all respects true and correct to the best of my knowledge and belief. I have also familiarized myself with the rules and regulations of the City of Chelan

Property Address: \_\_\_\_\_ Project Desc.: \_\_\_\_\_

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

City and State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

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

For: \_\_\_\_\_  
(Corporation or company name)

Parcel No.: \_\_\_\_\_

## ACKNOWLEDGMENT

State of Washington   )  
  )  
County of Chelan       )

On this day personally appeared before me \_\_\_\_\_ to be known to be the individual described in and who executed the within and foregoing instrument and acknowledge to me that (*he, she, they*) signed the same as (*his, her, their*) free and voluntary act and deed for the uses and purposes therein mentioned.

\_\_\_\_\_  
NOTARY PUBLIC in and for the State of Washington

Printed Name: \_\_\_\_\_

Commission Expires: \_\_\_\_\_

Residing in: \_\_\_\_\_

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

Other property owners included in this application must be listed below: (attach additional sheet if necessary)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

# SITE PLAN CHECKLIST

- ☐ **One electronic** copy of site plan is required.  
Must be drawn to standard engineering/architect's scale, not to exceed 1"=100'. Indicate the scale used. Must include North arrow, and be drawn on grid paper or engineering plan format. For large parcels, applicant may submit a two-page site plan, the first page depicting the entire lot at a convenient scale and the second page depicting an enlargement of the developed area at a larger scale.
  - ☐ Label property line locations and dimensions
  - ☐ Label the location, size, and use of all existing building(s). Identify the distance between property lines and buildings. Label structures with previous building permit number(s) issued, if applicable.
  - ☐ Label the existing centerline, curb and sidewalk.
  - ☐ Label name or number of all streets and alleys adjacent to the site.
  - ☐ Label arrangement of walls; note proposed use and dimensions of all areas; label all fire-rated walls, state type and hour rating; show stair rise/run and type of construction; corridors; elevators; restrooms and ramps.
  - ☐ Label location and dimensions of new, removed or replaced windows, doors and skylights.
  - ☐ Label location of all vertical or horizontal occupancy separations and /or area separation walls.
  - ☐ Label locations of exit signs, fire extinguishers, fans, vents, smoke detectors, fire alarm, sprinkler system locations, plumbing fixtures, mechanical equipment, etc.
  - ☐ Label handicapped access to the building and all spaces required by the Barrier- Free Code. Include dimensions and notes regarding maximum door sill height, ramp slopes, hardware type and heights of all accessory features (i.e., water fountains, telephones, signs, etc.).
  - ☐ Label cross sections of floor, wall and ceiling construction showing all components, sizing and spacing of members, material types, heights, thicknesses, insulation, venting, etc.
  - ☐ Label Elevations, if exterior improvements are proposed. Include all openings and mechanical equipment screening.
  - ☐ If additional parking is required, provide site plan to scale (1"=20' or 1" = 30'). Contact Planning and Building Department for more information.
  - ☐ Energy Code Compliance Forms (If installing new light fixtures, insulation or new heating/cooling system)
  - ☐ Dark Sky Ordinance: Label arrangement of outdoor lighting fixtures and accent lighting and the aiming of lights downward onto the ground surface. Label each as existing or proposed.
-

# STRUCTURAL PLANS CHECKLIST

Applications for building permits will not be accepted unless the following items are supplied with your application for a permit. Complete and submit an electronic set of building plans drawn to ¼ scale, unless the Building Official authorized a different scale in writing. *Buildings must comply with the correct design criteria.*

APPLICANT <i>ELECTRONIC</i> SUBMITTAL ITEMS			
	YES	N/A	
1.	<input type="checkbox"/>	<input type="checkbox"/>	<b>BUILDING PLANS MUST BE DRAWN AT ¼ SCALE</b> <b>FLOOR PLANS:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> All spaces labeled by use (<i>office, retail, etc.</i>)</li> <li><input type="checkbox"/> New vs. existing (<i>if addition or remodel</i>)</li> <li><input type="checkbox"/> All door and window sizes including door swing</li> <li><input type="checkbox"/> Stairs with direction (<i>up or down</i>)</li> <li><input type="checkbox"/> Location and fuel source for appliances</li> <li><input type="checkbox"/> Decks and patios</li> <li><input type="checkbox"/> Unheated spaces clearly marked</li> <li><input type="checkbox"/> Guardrail and handrail details</li> <li><input type="checkbox"/> Smoke detector locations</li> </ul> <b>FRAMING PLANS:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Floor framing plans (<i>each floor</i>)</li> <li><input type="checkbox"/> Decks and patio framing</li> </ul>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<b>ENGINEERING</b> ( <i>if applicable</i> ): <ul style="list-style-type: none"> <li><input type="checkbox"/> Engineering shall be stamped and signed by an Engineer or Architect on building plans and calculations. (<i>stamp required</i>)</li> <li><input type="checkbox"/> Lateral bracing</li> <li><input type="checkbox"/> Overhangs or cantilevers beyond conventional construction provisions or beyond those recommended by product manufacturer.</li> <li><input type="checkbox"/> Beams or columns having unusual loads.</li> </ul>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<b>PLUMBING:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> List the number of each type of plumbing fixture to be installed. Pressure reducer on water supply is required where pressure exceeds 80 lbs.</li> <li><input type="checkbox"/> Sink(s)/Laundry sink(s)</li> <li><input type="checkbox"/> Lavatory Sink(s)</li> <li><input type="checkbox"/> Toilet(s)</li> <li><input type="checkbox"/> Water Heater</li> </ul>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<b>MECHANICAL SYSTEM:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Check types of mechanical systems being installed. Forced Air Heating systems need to be provided with chases for supply and returns so structural walls are not cut.</li> <li><input type="checkbox"/> Supply and return are provided with adequate chase to upper floors, are shown on plans.</li> <li><input type="checkbox"/> Heat Pump</li> <li><input type="checkbox"/> Central Furnace</li> <li><input type="checkbox"/> Wood stove / Fireplace (<i>cannot be the primary heat source</i>).</li> <li><input type="checkbox"/> Other</li> </ul>

*Continued on Next Page*

## STRUCTURAL PLANS CHECKLIST

(Continued)

5.	<input type="checkbox"/>	<input type="checkbox"/>	<b>CROSS SECTION:</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Foundation Dimensions</li><li><input type="checkbox"/> Reinforcement steel shown or noted as specification on plans.</li><li><input type="checkbox"/> Insulation (<i>walls, floors, ceiling, slab</i>)</li><li><input type="checkbox"/> Framing Details</li><li><input type="checkbox"/> Stair and Landings</li><li><input type="checkbox"/> Roof Details (<i>include roofing materials</i>)</li><li><input type="checkbox"/> Lateral Bracing</li></ul>
6.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<b>WASHINGTON STATE ENERGY CODE COMPLIANCE (NON-RESIDENTIAL):</b> Energy code forms must be submitted with building plans. Prescriptive forms are available at this office or on the internet at: <a href="http://www.neec.net/energy-codes">http://www.neec.net/energy-codes</a> Heat Loss Calculations
7.	<input type="checkbox"/>	<input type="checkbox"/>	<b>DARK SKY</b> Demonstrate compliance with the dark sky ordinance with no light trespass. Quartz and vapor lamps are prohibited. See elevation drawings and site plan requirements.

### HEALTH DEPARTMENT APPROVAL

If food will be served, Chelan-Douglas Health District approval will be required prior to issuance of permit.

### SIGNAGE

A separate permit is required for any exterior signage.

### LICENSING REQUIREMENTS

1. Contractors must be licensed as required by Washington State law.
2. Business license required within the City limits.

**Additional information or materials may be required when necessary to complete a permit application.**

If you have any questions concerning your application submittal, please call the City of Chelan Planning and Building Department at (509) 682-8017.

**PLEASE REFER TO THE CURRENTLY ADOPTED BUILDING CODES FOR CODE REQUIREMENTS.**



# CITY OF CHELAN

## Cross Connection Control Survey

---

### FOR NEW CONSTRUCTION OR PLUMBING PERMIT APPLICATIONS ONLY

1. What is the site address? \_\_\_\_\_
2. Your water meter serves how many homes? \_\_\_\_\_ How many buildings? \_\_\_\_\_
3. Do you have any of the following?

a. Swamp cooler connected to piping	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Hot tub (fills with a hose or automatic filler)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Swimming pool	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. Underground sprinkler system	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e. Drip irrigation system	Yes <input type="checkbox"/>	No <input type="checkbox"/>
f. Greenhouse	Yes <input type="checkbox"/>	No <input type="checkbox"/>
g. Solar water heating system	Yes <input type="checkbox"/>	No <input type="checkbox"/>
h. Water makeup lines (boiler, hydronic heating)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
i. Utility sink with threaded faucet (hose attachment)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
j. Fire sprinkler system	Yes <input type="checkbox"/>	No <input type="checkbox"/>
k. Unknown, unidentifiable or complicated piping	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Do you use:

a. Antifreeze flush kits with your automobile	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Insecticide sprayers (that attach to a garden hose)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Darkroom or photo developing equipment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. Fill adapters for waterbed, fish tank or other	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Does anyone on the premise use a portable dialysis machine? Yes ☐ No ☐
6. Do you have a bathtub/Jacuzzi that fills from the bottom or does not have an overflow drain or the fill spout is not above the tub rim? Yes ☐ No ☐
7. Do you have a water softener or any other water treatment system connected to your drinking water supply? Yes ☐ No ☐
8. Do you have auxiliary water supply (i.e. well, pond) on your premises? Yes ☐ No ☐
9. Do you have livestock (i.e., horses, cows, etc.) that use a water trough? Yes ☐ No ☐
10. Is the water piping that enters your home more than 10 feet above your water meter? Yes ☐ No ☐
11. Does a creek, river, or spring run near your property?

a. Do you pump or draw water from this source?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------
12. Do you have a booster pump, well pump, or any other type of water pump? Yes ☐ No ☐

13. Do you receive irrigation water from a different source? Yes ☐ No ☐
14. Do you have a backflow preventer on your property now? Yes ☐ No ☐  
If yes, where? \_\_\_\_\_
15. Do you have any situation that you are aware of that could create a connection between your drinking water and any other substance? Yes ☐ No ☐
16. Do you have any other water using equipment on your property not mentioned above? Yes ☐ No ☐

Comments: \_\_\_\_\_

\_\_\_\_\_  
Please notify the City of Chelan if any of the above conditions change on your property such as remodeling, changes or additions to your water piping system.

\_\_\_\_\_  
Signature of Water Customer/ Owner

\_\_\_\_\_  
Phone Number

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

\_\_\_\_\_  
Best time to call or alternate contact

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Your mailing address:

\_\_\_\_\_  
Physical address of property (if different):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Please answer all of the above questions and return it to the City of Chelan Planning Department. This form will be kept on file at the City of Chelan. If you have any questions please call us at (509) 682-5919 or Lee Reynolds at (509) 630-0921