



FOR OFFICE USE ONLY

Plan. File # _____

Bldg. File # _____

Eng. File # _____

MONROE FIRE DEPARTMENT
 163 Village Court • Monroe, WA 98272
 Phone: (360) 794-7666 • Fax: (360) 794-0959

COMMUNITY DEVELOPMENT / ENGINEERING
 806 West Main Street • Monroe, WA 98272
 Phone: (360) 794-7400 • Fax: (360) 794-4007

CITY OF MONROE – Combined Permit Application

Permit Submittal Hours Monday through Friday:
Building, Fire & Land Use permits: 9:00 am – 12:00 pm & 2:00 pm – 4:00 pm
Engineering permits: 8:00 am – 5:00 pm

- | Building | Engineering | Fire | Land Use |
|--|--|---|--|
| <input type="checkbox"/> Building (new construction) | <input type="checkbox"/> Engineering Review | <input type="checkbox"/> Fire Alarm | <input type="checkbox"/> Accessory Dwelling Unit |
| <input type="checkbox"/> Commercial T/I | <input type="checkbox"/> Fencing | <input type="checkbox"/> Fire Sprinkler | <input type="checkbox"/> Boundary Line Adjustment /Lot Consolidation |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Grading | <input type="checkbox"/> High Piled Storage | <input type="checkbox"/> Conditional/Special Use |
| <input type="checkbox"/> Garage/Carport | <input type="checkbox"/> Retaining wall | <input type="checkbox"/> Hood Suppression | <input type="checkbox"/> Land Clearing/Forest Practices |
| <input type="checkbox"/> Mechanical | <input type="checkbox"/> Rockery | <input type="checkbox"/> Spray Booth | <input checked="" type="checkbox"/> Planned Residential Development |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Right-of-Way Disturbance | <input type="checkbox"/> Tents & Canopies | <input type="checkbox"/> Shoreline Permit |
| <input type="checkbox"/> Residential Remodel | <input type="checkbox"/> Special Flood Hazard Area | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Short Plat |
| <input type="checkbox"/> Sign | <input type="checkbox"/> Utility Service | | <input type="checkbox"/> Subdivision/Plat |
| <input type="checkbox"/> Other _____ | | | <input type="checkbox"/> Variance |
| | | | <input type="checkbox"/> Other _____ |

*Please note that all required Electrical Permits will be issued by the Dept. of Labor & Industries.

THIS APPLICATION WILL NOT BE ACCEPTED WITHOUT COMPLETED SUBMITTAL REQUIREMENTS

Site Address or Property Location: 13315 CHAIN LAKE RD

Size of site (acre/square feet): 20.47 ACRES

Assessor's Tax Parcel Number (14 digits): 28073100100400 28073100200300

Applicant: Tersa Telus Inc Phone # (425) 999-6321

*Signature: _____ Printed Name: ROBERT FORRY

Mailing Address: PO BOX 1587 Fax # (____)

City MONROE State WA Zip 98272 E-mail Bob@3SQFT.BIZ

Property Owner: Janet M. Klier Phone # (541) 784-2050

**Signature: Janet M Klier Printed Name: Janet M. Klier

Mailing Address: 1837 Tennile Valley Rd. Fax # (541) 784-2081

City Tennile State OR Zip 97481 E-mail janklier@ymail.com

ATTACH A SEPARATE SHEET FOR ADDITIONAL PROPERTY OWNERS/ADDITIONAL ADDRESSES

*Applicant: By your signature above, you hereby certify that the information submitted is true and correct and that you are authorized by the property owner(s) to act on their behalf.

**Property Owner(s): By your signature above, you hereby certify that you have authorized the above Applicant to make application on your behalf for this application.



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Building	Engineering	Fire	Land Use
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***Please note that all required Electrical Permits will be issued by the Dept. of Labor & Industries.**

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Site Address or Property Location: 13407 CHAIN LAKE ROAD
 Size of site (acre/square feet): 5.91 ACRES
 Assessor's Tax Parcel Number (14 digits): 28073100 2009 00

Applicant: Forsya Tellys Inc Phone # (425) 999 6321
 *Signature: [Signature] Printed Name: ROBERT FROST
 Mailing Address: PO Box 1507 Fax # () _____
 City MONROE State WA Zip 98272 E-mail Bob@3SQFT.BIZ

Property Owner: THOMAS PARMENTER Phone # (425) 328-6642
 **Signature: [Signature] Printed Name: THOMAS PARMENTER
 Mailing Address: 7603 129TH DRIVE SE Fax # () NONE
 City SNODGRASS State WA Zip 98290 E-mail THOMAS.PARMENTER@MONROE.WA.GOV

ATTACH A SEPARATE SHEET FOR ADDITIONAL PROPERTY OWNERS/ADDITIONAL ADDRESSES

*Applicant: By your signature above, you hereby certify that the information submitted is true and correct and that you are authorized by the property owner(s) to act on their behalf.
 **Property Owner(s): By your signature above, you hereby certify that you have authorized the above Applicant to make application on your behalf for this application.