

## Community Development Building Division

806 West Main Street, Monroe, WA 98272 Phone (360) 794-7400 Fax (360) 794-4007 <u>www.monroewa.gov</u>

FORO	FFICE USE ONLY
PERMIT #(s)	#6502
CU202	20-01
SEPA2	2020-02

## **COMBINED PERMIT APPLICATION**

RECEIVED 02/25/2020 CITY OF MONROE

PERMIT SUBMITTAL HOURS

MONDAY - FRIDAY 8:00 - 12:00 / 1:00 - 5:00

Building	Operations		Fire	
Commercial T/I Demolition Garage/Carport Mechanical New Construction (Commercial/Residential) Plumbing Racking Residential Remodel Sign Other	☐ Engineering Review ☐ Fencing ☐ Grading ☐ Retaining wall ☐ Rockery ☐ Right-of-Way Disturbance ☐ Special Flood Hazard Area ☐ Utility Service ☐ Other  NOTE: All required Electrical P	Fire S High Hood Oper Spray Tents Othe	Alarm Sprinkler Piled Storage I Suppression ational Booth S & Canopies  r	Land Use  Accessory Dwelling Unit Boundary Line Adjustment /Lot Consolidation Conditional/Special Use Land Clearing/Forest Practice Planned Residential Developmer Shoreline Permit Short Plat Subdivision/Plat Variance Other
THIS ADDITION	TION WILL NOT BE ACCEPTED WITH		ETED SUBMITTAL	PEOLIDEMENTS
Size of site (acre/square fe	ecation: <u>17000 West Main Str</u> et): <u>595.9 AC/ 25,957,404 Street</u> Der (14 digits): <u>270611001005</u>	SF	DE, VVA 302/2	ending Institution for project (if a
Applicant: Kim Klinkers,	City of Monroe		Phone # ( <u>360</u>	) 863-4531
*Signature:	Thelew	3	Printed Name	:Kim Klinkers
Mailing Address: 806 W. M	Main Street		Fax # ()	s noosulavissor Halisamassa'
City Monroe	State WA Zip	98272	E-mail kklink	ers@monroewa.gov
**Signature: The State  **Bignature: PO Box	e of Washington Dept. of Co	nei Seull		Michael Obeniand Superintendent
City Monroe	State WA Zip			. Pand days and part of the pa
	ch a separate sheet for additional p	roperty own		Idresses

\*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.

## **Combined Permit Application - Page 2**

Contractor: N/A - To be determ	ined at a later date	Phone #	
Contractor's License #	t Monton WA 98272	Fax #	- Aux
xp Date Mailing Addre			million
	WIT APPLICAT		
Contractor's Bond Company:			
Contractor's Bid Amount or Project	2:00//1:00 - 5:60	1-00:8	
orest Tax Reporting Account Num	<u>lber</u> (if harvesting timber ca	all the Department of Reven	ue at
800) 548-8829 for tax reporting i	nformation or to receive a	tax number):	
Detailed description of proposal/w Proposal includes the construction of		reservoir for the City of Monro	oe. The reservoir will be
ocated adjacent to the existing rese	ervoir on Washington State	Department of Correction's p	roperty.
The potable water storage reserv	oir will have a 73' diamete	er, 34' sidewall height, and a	maximum height at
tedio D	d Permits will be Issued by the	so include an access road a	around the reservoir
and associated stormwater impro	ovements.	NOTE: All inquired Electrical Disposes Congress of Lindon Will, NOT BE ACCEPTED WITH SECRET DISPOSES MAIN SECRET MAIN SECRET SECRET MAIN SECRET MAIN SECRET	THIS APPLICA
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