



Community Development Permit Division

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

FOR OFFICE USE ONLY
PERMIT FILE #
APPLICATION #
SEPA #

COMBINED PERMIT APPLICATION

RECEIVED
05/11/2023
CITY OF MONROE

PERMIT SUBMITTAL HOURS
MONDAY - FRIDAY 8:00 - 12:00 / 1:00 - 5:00

Building Operations Fire Land Use
Commercial T/I Demolition Garage/Carport Mechanical New Construction (Commercial/Residential) Plumbing Racking Residential Remodel Other Temp Excavation
Engineering Review Fencing Grading Retaining wall Rockery Right-of-Way Disturbance Utility Service Other
Fire Alarm Fire Sprinkler High Piled Storage Hood Suppression Operational Spray Booth Tents & Canopies Other
Type I Permit Type II Permit Type III Permit Type IV Permit See permit types listed on attached form Other

NOTE: 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: 17150 W. Main St. Monroe WA 98272

Size of site (acre/square feet): 2.79 acres

Assessor's Tax Parcel Number (14 digits): 27060200404800

Applicant: St. Vincent de Paul Phone # (360) 294-8480 (425) 513-16053

\*Signature: Dawnelle Carroll Printed Name: Inga Poige

Mailing Address: Po Box 2269 EV State WA Zip 98213 Fax # ( ) Dawnelle Carroll

City Everett State WA Zip 98213 E-mail inga@srdpnsc.com

Property Owner: St. Vincent de Paul Phone # ( )

\*\*Signature: Dawnelle Carroll Printed Name: Inga Poige

Mailing Address: Po Box 2269 State WA Zip 98213 Fax # ( )

City Everett State WA Zip 98213 E-mail inga@srdpnsc.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 Owners: by your signature above, you hereby certify that you have authorized the above applicant to make application on your behalf for this application.





## **St. Vincent de Paul of Snohomish County Safe Parking**

### **CODE OF CONDUCT**

Welcome to the St Vincent de Paul Safe Parking Program. In addition to finding a safe place to stay, we hope you will take advantage of the programs and assistance our Resource Center offers. You're in no way required to participate, but this is our sincere invitation. We've established this Safe Parking Program to provide a safe place for families or women with children with no place to stay except in their vehicles. In addition to a place to park, relax and sleep overnight without fear of harassment or arrest for trespassing, we intend to offer you:

#### **Dignity, community, respect, and accountability**

For the safety and success of this program, we have established the following policies and rules. Failure to abide by them may result in a warning and possible parking restriction. Violation of these rules will result in your immediate exit from the program and the property. (Adults must initial after each of the following to indicate that they have read, understand, and agree to abide by these guidelines.)

1. No alcohol, marijuana, illegal drugs, or controlled substances are allowed on the property.
2. No weapons (especially firearms and knives) are allowed on the property, licensed, permitted or otherwise.
3. Treat everyone with respect: others who are parked near you, staff, volunteers, hosts, businesses, visitors, etc.
4. No violence, weapons or verbal abuse will be tolerated. Degrading ethnic, racist, sexist, or homophobic remarks will not be tolerated.
5. No littering. Keep your area tidy and clean. Use the available trash receptacles
6. Please observe quiet hours, 10pm to 7am, no chatting, no visitors, at other times keep the volume low when talking and using audio devices in your vehicle, parking lot, grounds, and restroom.
7. Smoke or vape only in designated smoking area, do not smoke in your car.
8. Outside electrical outlets are not to be used, no extension cords may be run from the building or restrooms.
9. Attend any Safe Parking guest meetings.
10. Pets must be inside your vehicle or leashed at all times.
11. Pick up after your pet immediately.
12. If your car leaks oil, please clean it up and resolve the issue.
13. Do not damage or take property belonging to businesses on the premises or those of employees.
14. Respect the safe parking hours of 9pm – 7am. Please don't arrive before or stay past after the designated range. We are a business and will be using the Safe Parking area during the daytime, if you refuse to move your car will be towed at the owner's expense.
15. Do not leave your car unattended, any unattended cars will be towed at the owner's expense.
16. Guests may use the safe parking program as long as they are working with the Housing Navigator.
17. Only authorized guests may occupy the lot. Please do not invite friends or acquaintances.

18. Park in designated area only and only occupy only one spot. When space allows, leave one parking spot open between neighboring vehicles to give your neighbors privacy.

19. Keep facilities clean and tidy after use.

20. Accompany minor children when they exit your vehicle. You are responsible for their safety.

A. Do not strike your child, even as discipline.

B. Do not ask anyone to watch your children.

21. Must be in compliance with Washington State Law regarding driver's licenses, registration and insurance. Cars must be operable. Repairs can't be made in the parking lot.

22. Must display your safe parking pass in the windshield of your vehicle while parked in lot.

23. No cooking and no open flames.

24. No RVs, campers or 5th wheels permitted.

A copy of the St Vincent de Paul safe parking code of conduct has been given to me, and I agree to abide by it. I understand that any violation of these rules may result in a warning or immediate suspension of my privileges to park at the SVdP Resource Center overnight. I understand that failure to move my car will result in it being towed.

I agree to hold SVdP, the City of Monroe, the agency that referred me to Safe Parking Program, and employees, harmless from any injury to person or damage to property arising out of or in any way related to the use of the SVdP Parking lot and/or property.

Your Information Printed name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone Number \_\_\_\_\_ (text or voice) Email \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_

Phone number/email \_\_\_\_\_

Printed Names and Birthdates of all other persons staying with you in your vehicle. Additional

person \_\_\_\_\_ Birthdate \_\_\_\_\_

person \_\_\_\_\_ Birthdate \_\_\_\_\_

person \_\_\_\_\_ Birthdate \_\_\_\_\_

person \_\_\_\_\_ Birthdate \_\_\_\_\_

Required Car Information:

Make of Car \_\_\_\_\_

Model \_\_\_\_\_

Color \_\_\_\_\_

License Plate Number \_\_\_\_\_

State \_\_\_\_\_

City of Monroe  
Land Use Permit Application- Page 2



**Forest Tax Reporting Account Number** (if harvesting timber call the Department of Revenue at (800) 548-8829 for tax reporting information or to receive a tax number):

**Give a detailed description below of the proposal / work.** Provide details specific to your application e.g., current and proposed lot sizes, number of lots, description of driveway, description of proposed business including hours of operation, number of employees, existing and proposed parking spaces.

Safe parking Pilot Program with 4 parking spaces, 1 space used for porta Potty area. Provide wrap around services for parents/families with children - school age enrolled in McKinny Kenton a safe parking area for overnight stay - 9:00pm - 8:00am hours. Work with partnering service providers to assist with housing needs for homeless clients in safe parking. Offer CE enrollment & help with barriers that are preventing clients from getting into permanent housing. Coordinate with case managers & Navigators to assist with facility space for meetings and help needed to move families & children into housing. Also offer voucher assistance to clients in safe parking for gas & laundry. Garbage cans provided

**FOR OFFICE USE ONLY**

Planning Application Fee: _____	Publication Fee: _____
Fire Plan Check Fee: _____	Mailing Fee: _____
SEPA Fee: _____	Technology Fee: _____

Hearing Examiner Deposit required (\$2,500.00):

Consultant review fee (if applicable) – Deposit for estimated cost + 10% Admin fee: \_\_\_\_\_

**TOTAL FEES:** \_\_\_\_\_