



**Community Development
Building Division**

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

www.monroewa.gov

FOR OFFICE USE ONLY	
PERMIT #(s)	#6502
CU2020-01	
SEPA2020-02	

COMBINED PERMIT APPLICATION

PERMIT SUBMITTAL HOURS

MONDAY – FRIDAY

8:00 – 12:00 / 1:00 – 5:00

RECEIVED
02/25/2020
CITY OF MONROE

Building	Operations	Fire	Land Use
<input type="checkbox"/> Commercial T/I	<input type="checkbox"/> Engineering Review	<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Accessory Dwelling Unit
<input type="checkbox"/> Demolition	<input type="checkbox"/> Fencing	<input type="checkbox"/> Fire Sprinkler	<input type="checkbox"/> Boundary Line Adjustment /Lot Consolidation
<input type="checkbox"/> Garage/Carport	<input type="checkbox"/> Grading	<input type="checkbox"/> High Piled Storage	<input checked="" type="checkbox"/> Conditional/Special Use
<input type="checkbox"/> Mechanical	<input type="checkbox"/> Retaining wall	<input type="checkbox"/> Hood Suppression	<input type="checkbox"/> Land Clearing/Forest Practices
<input type="checkbox"/> New Construction (Commercial/Residential)	<input type="checkbox"/> Rockery	<input type="checkbox"/> Operational	<input type="checkbox"/> Planned Residential Development
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Right-of-Way Disturbance	<input type="checkbox"/> Spray Booth	<input type="checkbox"/> Shoreline Permit
<input type="checkbox"/> Racking	<input type="checkbox"/> Special Flood Hazard Area	<input type="checkbox"/> Tents & Canopies	<input type="checkbox"/> Short Plat
<input type="checkbox"/> Residential Remodel	<input type="checkbox"/> Utility Service	<input type="checkbox"/> Other _____	<input type="checkbox"/> Subdivision/Plat
<input type="checkbox"/> Sign	<input type="checkbox"/> Other _____		<input type="checkbox"/> Variance
<input type="checkbox"/> Other _____			<input type="checkbox"/> 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: 17000 West Main Street, Monroe, WA 98272

Size of site (acre/square feet): 595.9 AC/ 25,957,404 SF

Assessor's Tax Parcel Number (14 digits): 27061100100500

Applicant: Kim Klinkers, City of Monroe Phone # (360) 863-4531

*Signature: *Kim Klinkers* Printed Name: Kim Klinkers

Mailing Address: 806 W. Main Street Fax # () _____

City Monroe State WA Zip 98272 E-mail kklinkers@monroewa.gov

Property Owner: The State of Washington Dept. of Corrections Phone # (360) 794-2602

**Signature: *Michael Obenland* Printed Name: Michael Obenland
Superintendent

Mailing Address: PO Box 777 Fax # () _____

City Monroe State WA Zip 98272 E-mail _____

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.

Combined Permit Application - Page 2

Contractor: N/A - To be determined at a later date Phone # _____

Contractor's License # _____ Fax # _____

Exp Date _____ Mailing Address _____

Contractor's Bond Company: _____

Contractor's Bid Amount or Project Cost (labor and materials): \$ _____

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): _____

Detailed description of proposal/work:

Proposal includes the construction of a new 0.85 million gallon reservoir for the City of Monroe. The reservoir will be located adjacent to the existing reservoir on Washington State Department of Correction's property.

The potable water storage reservoir will have a 73' diameter, 34' sidewall height, and a maximum height at the tallest point of approximately 40 feet. The project will also include an access road around the reservoir and associated stormwater improvements.

Lending Institution for project (if applicable): _____

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Residential:

Living area: _____ sf x \$ _____ = \$ _____

Garage / Carport: _____ sf x \$ _____ = \$ _____

Deck / Porch: _____ sf x \$ _____ = \$ _____

Total valuation: \$ _____

Commercial:

(fill in type) _____ sf x \$ _____ = \$ _____

(fill in type) _____ sf x \$ _____ = \$ _____

Total valuation: \$ _____

Plan Check Fee: _____

Permit Fee: _____

State Fee: _____

Fire Plan Check Fee: _____

Technology Fee: _____

SEPA Fee: _____

Land Use:

Planning Application Fee: _____ Publication Fee: _____

Fire P lan Check Fee: _____ Mailing Fee: _____

SEPA Fee: _____ Technology Fee: _____

TOTAL FEES: _____