



City Staff to complete this section

PERMIT# _____

DATE SUBMITTED: _____

FILL AND GRADE PERMIT APPLICATION

GENERAL INFORMATION

Fill & Grade Permits are required before commencing any dirt moving or infrastructure installation activities. I.e. Importing, exporting, or moving 50 cubic yards (or more) of material to, from, or within a site, changes to surface water flows, the construction of most roads, stormwater facilities, as well as the installation of underground utilities. (Installation of sanitary and/or storm sewers are all Fill & Grade Permit triggers)

SUBMITTAL REQUIREMENTS:

Completed Fill and Grade Permit Application

Project Narrative, including construction details and equipment used

Construction/Civil Engineering Plans – Grading, Road and/or Utility plans, as applicable

Drainage Report, if applicable

Floodplain Development Permit, if required

PROPERTY WHERE PROJECT IS PROPOSED (May attached separate page if needed):		
ADDRESS:		PARCEL NUMBER(S):
Existing Use of Parcel:		
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other:		
Other Information:		
CUBIC YARDS OF FILL TO BE IMPORTED TO SITE:		CUBIC YARDS OF MATERIAL EXPORTED:
LOCATION FILL MATERIAL IS COMING FROM:		
LOCATION EXCAVATED MATERIAL IS GOING TO:		
IS THE PROPERTY LOCATED IN A FLOOD ZONE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	NOTE: If yes, a Flood Area Development Permit may be required.
ARE THERE SLOPES IN EXCESS OF 15% ON OR ABUTTING THE SITE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	NOTE: If yes, these areas must be clearly shown on the plans being submitted and provide a geotechnical report.
ARE THERE CRITICAL AREAS BUFFERS ON OR ABUTTING THE PROJECT SITE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	NOTE: If yes, a copy of the critical areas report(s) must be submitted with this application. In addition, the critical area, and its associated buffer, must be clearly shown on the plans being submitted.
WILL MORE THAN ONE (1) ACRE BE CLEARED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	NOTE: If yes, a NPDES Permit is required (from the Dept. of Ecology).
ARE YOU CONSTRUCTING STORMWATER FACILITIES?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, civil engineering plans are required.
ARE YOU WORKING WITHIN AN EXISTING CITY RIGHT-OF-WAY?	<input type="checkbox"/> YES <input type="checkbox"/> NO	NOTE: If yes, a Right-of-Way Permit must be submitted.
HAS A PRE-APPLICATION MEETING BEEN HELD FOR THIS PROJECT? IF SO, WHAT DATE WAS IT HELD?:	<input type="checkbox"/> YES <input type="checkbox"/> NO	NOTE: If no, you may be required to schedule this meeting.
IS THIS PROJECT SUBJECT TO THE SEPA PROCESS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	NOTE: If yes, a SEPA Checklist and its associated materials must be submitted.

Submit to: City of Centralia, P.O. Box 609, Centralia, WA 98531-0609
Questions? Call, 360-330-7662

PROPERTY OWNER INFORMATION			
NAME: _____			
ADDRESS: _____	CITY: _____	STATE: _____	ZIP: _____
TELEPHONE: _____	CELL: _____	EMAIL: _____	
APPLICANT INFORMATION			
CHECK THIS BOX IF THE APPLICANT IS ALSO THE OWNER: <input type="checkbox"/>			
NAME: _____			
ADDRESS: _____	CITY: _____	STATE: _____	ZIP: _____
TELEPHONE: _____	CELL: _____	EMAIL: _____	
CONTRACTOR INFORMATION			
CHECK THIS BOX IF THE APPLICANT IS DOING THE WORK: <input type="checkbox"/>			
NOTE: ALL CONTRACTORS & SUBCONTRACTORS MUST HAVE A VALID STATE AND CITY BUSINESS LICENSE PRIOR TO DOING WORK IN THE CITY			
COMPANY NAME: _____			
ADDRESS: _____	CITY: _____	STATE: _____	ZIP: _____
TELEPHONE: _____	CELL: _____	EMAIL: _____	
State License Number: _____		License Expiration: _____	
SELECT THE ONE PERSON THE CITY NEEDS TO CONTACT FOR ANYTHING RELATED TO THIS PERMIT:			
<input type="checkbox"/> Applicant <input type="checkbox"/> Property Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Other (list below)			

FOR OFFICIAL USE ONLY:			
Parcel No. _____			
Zoning: _____ In Floodplain? _____ Flood Zone: _____ FIRM Panel #: _____			
Planning/Zoning Approved? Yes No Initials: _____ Date: _____			
Building Setbacks from Property Lines:			
Front: _____ Rear: _____ Side 1 or corner of lot: _____			
Side 2 or corner of lot: _____			

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