



Forest Practices

Supplemental Exemption Application Form

Chelan County Department of Community Development
316 Washington St, Suite 301 • Wenatchee • WA 98801
509-667-6225 • Fax 509-667-6475

1) General Information:

Date: _____

Application Name/Company: _____

Business: _____

Phone: _____ Fax: _____

Site Address: _____

Email Address (If Applicable): _____

Parcel Number (s): _____

2) Type of Exemption: Listed under Chelan County Code Chapter 15.70.050
(See attachment)

Narrative: _____

I (We) certify under penalty of perjury and under the laws of the State of Washington the foregoing is true, correct and complete to the best of my (our) knowledge. I (We) certify that I (We) am the owner of the property or have been given authorization from the property owner to obtain this permit. I (We) further agree to comply with the International Building, Residential, Fire, Mechanical, Plumbing, and all applicable Chelan County Codes. I (We) hereby acknowledge and understand the above stated code requirements and agree to comply with Section 11.23.040, Chelan County Code.

Owner/Agent Signature: _____ Date: _____