

# Severe Weather Shelter Application

Community Development Department | 1525 Broadway, PO Box 128 Longview, WA 98632 | 360.442.5086/Fax 360.442.5953 | Permits@MyLongview.com

- Please fill in all necessary fields. For fastest processing, please ensure accuracy. Blue or black ink only, no pencil. -

## PROPERTY INFORMATION

Facility Address:	Suite #:	Parcel #:
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## APPLICANT INFORMATION

Applicant:	Email Address:		
Mailing Address:	City:	State:	Zip:
Daytime Phone: (    )	Cell/Alternate Phone:		

## PRIME CONTACT INFORMATION FOR NOTIFICATIONS/COMMUNICATIONS

Main Contact Name:	Phone: (    )		
Mailing Address:	City:	State:	Zip:

## OTHER FACILITY INFORMATION

<b>Proposed shelter operation hours:</b> _____ to _____  Other: _____	<b>Overnight shelter available:</b>  Yes                  No  Other: _____	<b>Severe Weather Notification Method:</b>  Phone: _____  E-mail: _____  Other: _____
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## ADDITIONAL INFORMATION:


*I hereby certify that I have read and examined this application and know the same to be true, accurate and complete under penalty of perjury by the laws of the State of Washington.*

<b>PRINTED NAME:</b> _____  <b>SIGNATURE:</b> _____ <b>DATE:</b> _____	I am the: <input type="checkbox"/> Owner <input type="checkbox"/> Renter/Lessee <input type="checkbox"/> Authorized Agent <input type="checkbox"/> Contractor <input type="checkbox"/> Architect
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