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Received By	

MASTER PLANNING PERMIT APPLICATION FORM


Application form must be accompanied by the **Master Planning Application Checklist** and all **application fees**.

GENERAL INFORMATION	
Type of Application	PLANNING
Name of Project	OBH EXPRESS CARE CLINIC AND ILWACO CLINIC RENOVATION


APPLICANT			
Name/Company	BOULDER ASSOCIATES / PEGGY HUERTA		
Address	2 NICKERSON ST. SUITE 200	City/State/Zip	SEATTLE, WA 98019
Telephone	206-580-0839	Cell Phone	
Fax		Email	PHUERTA@BOULDERASSOCIATES.COM
If owner is different from applicant, what is the legal relationship of the applicant to the owner that entitles the applicant to make applications?			
AUTHORIZED AGENT / ARCHITECT			
Applicant's Signature		Date	02-13-2026

REPRESENTATIVE (if different from Applicant)			
Name/Company			
Address		City/State/Zip	
Telephone		Cell Phone	
Fax		Email	


CONTACT PERSON/ENTITY (designate a single person/entity to receive determinations and notices from the city.)			
Name	BOULDER ASSOCIATES / PEGGY HUERTA		
Address	2 NICKERSON ST. SUITE 200	City/State/Zip	SEATTLE, WA 98019
Telephone	206-580-0839	Cell Phone	
Fax		Email	PHUERTA@BOULDERASSOCIATES.COM

OWNER(S) (if different from Applicant)			
Name	OCEAN BEACH HEALTH		
Address	174 1ST AVENUE N. PO BOX H		
City/State/Zip	ILWACO, WA 98624		
Telephone	(360) 642-6301	Fax	
Email	mkeane@oceanbeachhealth.com		
We, the undersigned, grant the applicant permission to use our property in the manner described in this application.			
Owner's Signature		Date	2/24/26
Owner's Signature		Date	

PROPERTY INFORMATION	
Property Address/Location	176 1ST AVENUE N. ILWACO, WA 98624
Assessor Parcel Nos.	10113313086, 10113313985
Current Zoning	C-2, LOW DENSITY COMMERCIAL
Current Land Use	MEDICAL
Proposed Land Use	MEDICAL, <i>NO CHANGE</i>

LEGAL/FINANCIAL RESPONSIBILITY/AUTHORITY TO ENTER PROPERTY		
<p>I/we acknowledge that by signing this application I/we are authorizing employees or agents of the City of Ilwaco to enter onto the property which is the subject of this application during the hours of 7:00 a.m. to 6:00 p.m., Monday through Friday, for the sole purpose of making any inspection of the limited area of the property which is necessary to process this application, including follow-up inspections after permit issuance. In the event the City determines that such an inspection is necessary during a different time or day, the applicant(s) further agrees that the City employees or agents may enter the property during such other times and days as necessary for such inspection upon 24 hours' notice to the applicant(s), which notice will be deemed received when given either verbally or in writing.</p> <p>We, the undersigned, attest under penalty of perjury that the information in this application is true and accurate. We also acknowledge that it is our responsibility to understand and comply with all applicable federal, state and local regulations. Further, we agree that we shall be financially responsible for any and all engineering and planning services or other professional consulting/legal services deemed necessary by the city for the complete permit and plan review. These additional fees, if any, shall be paid in full prior to final signing of any permits, final plats, Mylar's, etc. (IMC 15-08-065).</p>		
Signature		Date 2/24/26
Signature		Date

ATTACHMENT A: MASTER PLANNING APPLICATION CHECKLIST

	120 First Avenue North PO Box 548 Ilwaco, WA 98624 Phone: 360.624.3145 Fax: 360.642.3155 www.ilwaco-wa.gov	OFFICE USE ONLY
PROJECT / PROPERTY INFORMATION		
Tax Parcel ID #: 10113313985, 10113313086, 10113313885, 10113313157, & 10113313168		
Project / Value: APPROX. \$4.6M		
OWNER / APPLICANT INFORMATION		
Owner: OCEAN BEACH HEALTH		
Applicant: BOULDER ASSOCIATES - PEGGY HUERTA		
Contractor: TO BE DETERMINED		
PROJECT INFORMATION - Failure to provide complete information will lead to a rejection of your permit		
1. List of existing improvements, structures, and dimensions: (1) single story 116'-8"x51'-9" building. See Site Plan for more information		
2. Site Plan (See Site Plan Requirement Checklist) Attached? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
3. Is the proposed development one phase of a larger project or larger development?: If yes, describe the entire project in detail: NO		
4. Is there any surface water body on or within 300 feet of the proposed site, or within the immediate vicinity of the proposed site (including year-round and seasonal streams, saltwater, lakes, ponds, wetlands?: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
5. Does the property have an existing driveway?: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
6. Will fill material be placed near or within a drainage way (ditch, swale, channel, etc.)?: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
7. Are activities adjacent to unstable soils or slopes?: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
8. Will activities alter man-made or natural drainage features?: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
9. Will a sign be erected as a result of this project?: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
10. Will the project require working in a public right-of-way?: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
11. Does the project involve any clearing, filling, grading, paving, surface and/or dredging?: If Yes, answer the following. If No, go to number 13. YES		
A. If activities include clearing and grading greater than 1,000 sq. ft. Indicate SF: 28,700 SF		
B. Will activities involve placing of fill materials? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
C. If fill materials exceed 20 cubic yards. Indicate Cubic Yards: 130 CY NET FILL		
D. If activities involve earth removal exceeding 2 feet in depth (Excluding foundation excavations). Indicate Maximum Depth FT: 10 FT UTILTIY TRENCH		
12. Will the proposed activity require connection to City Water or Sewer?: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
13. Has the proposed site been flagged/staked? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If No, contact the City when flagged/staked.		
14. Indicate amount of new impervious area (areas covered by buildings, pavement, concrete, gravel, etc) SF: 24,850 SF		

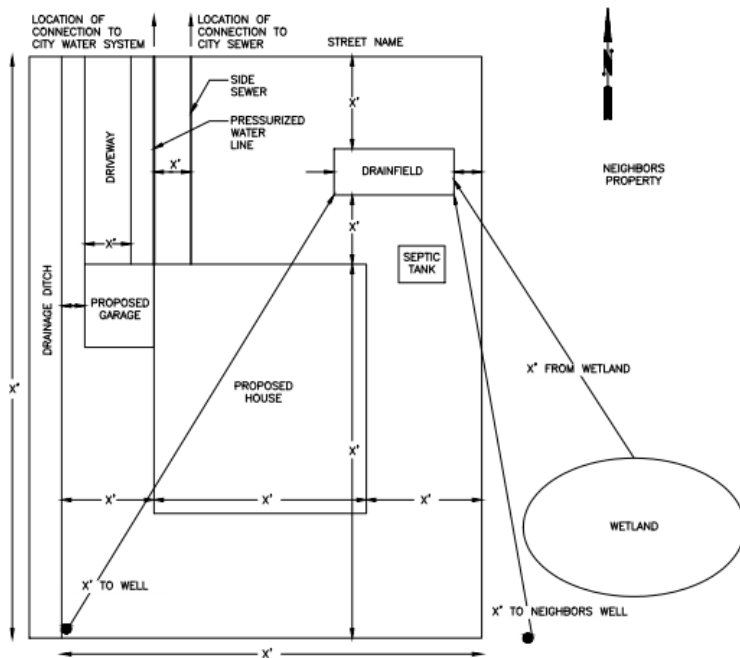


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Example Site Plan

Follow Checklist when drawing site plan
 Drawn to Scale 1" = 20ft
 "X" = Distance

Note: Any changes to your site plan will require re-submittal and a re-submittal fee may be charged.



SITE PLAN REQUIREMENT CHECKLIST

All site plans shall be clearly and accurately drawn to scale on paper no larger than 11" x 17" and must indicate all of the information listed below. For ease of drawing the site plan, use the graph paper provided with your application packet. For each item, mark either "shown" or "N/A" as appropriate for your project.

This checklist must be completed and included with all site plans. Any site plan without this checklist may be rejected and returned to the applicant for correction.

Parcel No.: 10113313985, 10113313086, 10113313885, 10113313157, & 10113313168

A. General Property Information

Shown	N/A	
<input checked="" type="radio"/>	<input type="radio"/>	Property Lines, including dimensions.
<input checked="" type="radio"/>	<input type="radio"/>	North arrow & site plan scale.
<input type="radio"/>	<input checked="" type="radio"/>	Marine waters, lakes and ponds, streams, creeks & wetlands.
<input checked="" type="radio"/>	<input type="radio"/>	Locations & dimensions of all existing structures on the property.
<input type="radio"/>	<input checked="" type="radio"/>	Location of any existing wells & their 100' well radius.

B. Existing Property Improvements

<input checked="" type="radio"/>	<input type="radio"/>	Location of side sewer.
<input checked="" type="radio"/>	<input type="radio"/>	Location of water meter & service lines.
<input checked="" type="radio"/>	<input type="radio"/>	Location of all existing drain fields on the site.
<input checked="" type="radio"/>	<input type="radio"/>	Location of existing drainage systems.
<input checked="" type="radio"/>	<input type="radio"/>	Location of all existing roads, driveways, utilities, easements, bridges.
<input checked="" type="radio"/>	<input type="radio"/>	Location & dimensions of all proposed structures in relation to property lines, other structures, wetlands, etc.

C. Proposed Property Improvements

<input checked="" type="radio"/>	<input type="radio"/>	Minimum zoning setbacks shown.
<input checked="" type="radio"/>	<input type="radio"/>	Location of proposed water meter & service lines, and connection to city water main.
<input checked="" type="radio"/>	<input type="radio"/>	Location of proposed side sewer and connection to city sewer.
<input checked="" type="radio"/>	<input type="radio"/>	Location & dimensions of all proposed drainage systems.
<input checked="" type="radio"/>	<input type="radio"/>	Location & dimensions of all roads, driveways, parking areas, utilities.
<input checked="" type="radio"/>	<input type="radio"/>	Location/extent of all clearing, grading, & filling