



General Application

Rev.20210702

DESCRIPTION OF PROPOSAL

CHAS Health is a Washington State non-profit corporation and federally qualified health center (FQHC) providing primary medical, dental and behavioral health care services in the Spokane and surrounding areas. CHAS Health has established a school-based clinic at the Shiloh Hills Elementary School (subject property) with grant funding. The site currently serves students/children population however, a clinic that is able to serve patients of all ages will encourage family engagement in healthcare, ie. grandparents, parents and children. This application is submitted to obtain a conditional use permit to authorize the site to also see adult patients.

Address of Site Proposal (if not yet assigned, obtain address from Development Services Center [625-6300] before submitting application):

505 E. Stonewall Avenue, Spokane, WA 99208 (Shiloh Hills Elementary School)

APPLICANT

Name: Community Health Association of Spokane d/b/a CHAS Health

Address: 611 N. Iron Bridge Way, Spokane, WA 99202

Phone: 509-444-8888 Email: ccervantes@chas.org

PROPERTY OWNER

Name: Mead School District #354

Address: 12828 N Newport Hwy, Mead, WA 99021

Phone: 509-465-6000 Email: Ned.Wendle@mead354.org

AGENT

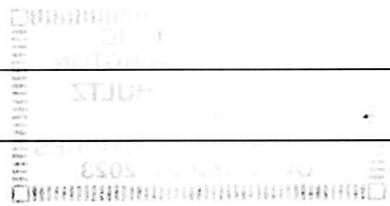
Name: N/A

Address: _____

Phone: _____ Email: _____

Assessor's Parcel Numbers: 36203.2412

Legal Description of Site: Shiloh Hills Second Add TR A



Size of Property: 9.33 Acres

List Specific Permits Requested in this Application: Conditional Use Permit Type III

SUBMITTED BY:

CHAS Health

Applicant Property Owner Property Purchaser Agent

In the case of discretionary permits (administrative, hearing examiner, landmarks commission or plan commission), if the applicant is not the property owner, the owner must provide the following acknowledgement: To extent allowed by law

I, Mead School District *J.M.L. - Superintendent* owner of the above-described property, do hereby

authorize CHAS Health ~~to represent me and my interests in all matters~~
~~to submit this~~ *SW*
~~regarding this application.~~

ACKNOWLEDGMENT

STATE OF WASHINGTON)
) ss.
COUNTY OF SPOKANE)

On this 8th day of February, 2023, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared Shawn Woodward to me known to be the individual that executed the foregoing instrument and acknowledged the said instrument to be free and his/her free and voluntary act and deed, for the uses and purposes therein mentioned.

Witness my hand and official seal hereto affixed the day and year first above written.



Kelly Jo Schultz
Notary Public in and for the State of Washington, residing at
Spokane