

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 obtained 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 Healt	th Association of Spo	okane d/b/a CHAS	5 Health	
Address: _611 N. Iron Bridge	e Way, Spokane, WA	99202		·
Phone:509-444-8888	Email:	ccervantes@chas.	org	
PROPERTY OWN				
Address: 12828 N New	port Hwy, Mead, WA	A 99021		
Phone: 509-465-6000	Email:	Ned.Wendle@meac	1354.org	19 8
AGENT Name: N/A)	g ali	3 3 4 C	
Address:			-	
Phone:	Email:			
Assessor's Parcel Numbers: Legal Description of Site:	36203.2412		THERE IS NOT THE WAY	
	Shiloh Hills Second	Add TR A	ZTJU	•
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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 , owner of the above-described property, do hereby				
authorize CHAS Healthto represent me and my interests-in-all matters to submit this regarding this application.				
ACKNOWLEDGMENT STATE OF WASHINGTON)) ss. COUNTY OF SPOKANE) On this Hay day of Helmun, 20 23, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared Shawai Woodwa				
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. Witness my hand and official seal hereto affixed the day and year first above written. Witness my hand and official seal hereto affixed the day and year first above written. Witness my hand and official seal hereto affixed the day and year first above written. Witness my hand and official seal hereto affixed the day and year first above written. NOTARY PUBLIC STALE OF WASHINGTON KELLY JO SCHULTZ Notary Public in and for the State of Washington, residing at				
STALE OF WASHINGTON KELLY JO SCHULTZ 96458 MY COMMISSION EXPIRES OCTOBER 01, 2023				