



RESIDENTIAL BUILDING PERMIT APPLICATION
Single Family Residence, Accessory Dwelling Unit, Manufactured Home, Accessory Structures
 Chelan County Department of Community Development
 316 Washington St, Suite 301 • Wenatchee • WA 98801
 509-667-6225 • Fax 509-667-6475

Staff Initials: _____ Date Received: _____ Permit No. _____

Parcel Number: _____		Lot size: _____ (acres)	
Parcel Address: _____		City: _____	
Legal Description: _____	Lot #: _____	Block: _____	<input type="checkbox"/> Attached

PROPERTY OWNER(S): _____
 Mailing Address: _____
 City/State/Zip: _____ Phone: _____
 E-mail: _____

APPLICANT: _____
 Company Name: _____ Address: _____
 City/State/Zip: _____ Phone: _____
 E-mail: _____ License No. _____

APPLICATION FOR:

- | | | | | | |
|--------------------------------------------------|------------------------------|-----------------------------------|-------|-------------------------------------|-------|
| <input type="checkbox"/> Single Family Residence | <input type="checkbox"/> New | <input type="checkbox"/> Addition | _____ | <input type="checkbox"/> Remodel | _____ |
| <input type="checkbox"/> Accessory Dwelling Unit | <input type="checkbox"/> New | <input type="checkbox"/> Addition | _____ | <input type="checkbox"/> Remodel | _____ |
| <input type="checkbox"/> Manufactured Home | <input type="checkbox"/> New | <input type="checkbox"/> Addition | _____ | <input type="checkbox"/> Alteration | _____ |
| <input type="checkbox"/> Duplex | <input type="checkbox"/> New | <input type="checkbox"/> Addition | _____ | <input type="checkbox"/> Alteration | _____ |
| <input type="checkbox"/> Accessory Structure | <input type="checkbox"/> New | <input type="checkbox"/> Addition | _____ | <input type="checkbox"/> Alteration | _____ |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> New | <input type="checkbox"/> Addition | _____ | <input type="checkbox"/> Alteration | _____ |
- Fire Repair/Replacement of _____ Destruction Date: _____
 If addition to building is proposed, please identify existing footprint and square footage of structure(s): _____

DETAILED DESCRIPTION OF PROJECT/USE:

PROPOSED STRUCTURAL DETAILS: Proposed footprint dimensions: _____

Basement _____ sq. ft.	Garage: _____ sq. ft.
Main/1 st floor _____ sq. ft.	Carport _____ sq. ft.
2 nd floor _____ sq. ft.	Deck _____ sq. ft.
3 rd Floor _____ sq. ft.	Other: _____ sq. ft.
Covered Porches/Patios _____ sq. ft.	Building Height: _____

Proposed Bedrooms: _____ Existing Bedrooms: _____ Proposed Bathrooms: _____ Existing Bathrooms: _____

MANUFACTURED HOME INFORMATION:

Make/Model: _____ Year: _____ VIN # _____
 Footprint Dimensions: _____ No. of Bedrooms: _____ Type of Skirting: _____
 Name of Certified Installer: _____ WAINS No.: _____

NOTE: *Manufactured homes with modifications, attachments and/or built prior to July 1, 1976, require an alteration permit from Department of Labor & Industries prior to submittal of a building permit.*

PLEASE COMPLETE THE FOLLOWING QUESTIONS:

1.	List all existing structures on the property and label with previous Building Permits issued (if applicable): _____ _____ <input type="checkbox"/> Label and identify on site plan.
2.	What is the current use of the property?
3.	List all Easements, Deed Restrictions, or other encumbrances restricting the use of the property. (Refer to your Deed or Title Report) List by AFN number (auditor's file number) and identify type: _____ _____ _____ <input type="checkbox"/> Label and identify on site plan.
4.	*Is the property within 200 feet of a river, stream, wetland, drainage way, other water body? <input type="checkbox"/> Yes <input type="checkbox"/> No, If yes please identify:
5.	*Are there any geologically hazardous areas on property or within 250 feet? For example: avalanche areas, landslide areas, areas of soil erosion, or areas of historic slope failure? <input type="checkbox"/> Yes <input type="checkbox"/> No, (<i>Circle applicable</i>)
6.	Please list any other applicable applications or approvals (<i>file numbers</i>) from Federal, State or Local Agencies for any structures, construction, or other activities necessary for approval of this building permit application: _____

** May involve height restrictions, a wetland delineation, a geologic site assessment, and additional setback requirements. Inquire with Community Development.*

Septic Permit #:	Sewer District:	Water Source:
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A final septic inspection must be approved by the Chelan-Douglas Health District prior to certificate of occupancy.

If applicable: (<i>Required by RCW 19.27.095</i>) Lending Agency Name: _____ Address: _____ <i>Or</i> Contractor's Bonding Firm: _____ Address: _____	Phone: _____ Phone: _____
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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) further certify that all Easements, Deed Restrictions, other encumbrances, and/or issues restricting or affecting the use or condition of the property have been disclosed to the best of my (our) knowledge and are shown on the site plan submitted with this application. 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/City Codes. Applicant/Owner(s) assumes all risk and liability for any claims and liabilities.

Owner/Applicant Signature: _____ Date: _____

Ⓢ FOR OFFICIAL USE ONLY Ⓢ

Submittal Fees Paid:	Check #:	Receipt #:	Date Paid:
Final Fees Paid:	Check #:	Receipt #:	Date Paid:
Zoning:	Planning Approval:	Bldg. Approval:	Fire Approval:
Comments:	Date:	Date:	Date:

CHELAN COUNTY STRUCTURAL PLANS CHECKLIST

All items listed below are required for submittal of building permit plans. The plans must be drawn scale. Please place check marks by completed items as applicable. **Please contact the building department with your building site elevation in order to determine the required snow load.** Building permit applications will not be accepted until this checklist is completed. **Two complete sets of building plans are required.**

APPLICANT SUBMITTAL ITEMS			
	YES	N/A	
1.	<input type="checkbox"/>	<input type="checkbox"/>	FOUNDATION PLAN: <input type="checkbox"/> 8' max height on foundation walls, otherwise engineering is required. <input type="checkbox"/> All pads and dimensions (deck, porches, patios) <input type="checkbox"/> Girders, posts, floor joists, slabs. <input type="checkbox"/> Access and ventilation <input type="checkbox"/> Slab insulation location (if applicable)
2.	<input type="checkbox"/>	<input type="checkbox"/>	BUILDING PLANS: FLOOR PLANS: <input type="checkbox"/> All spaces labeled by use (bedroom, bathroom, etc.) <input type="checkbox"/> New vs. existing (if addition or remodel) <input type="checkbox"/> All door and window sizes including door swing <input type="checkbox"/> Bedroom & basement windows meet egress requirements <input type="checkbox"/> Stairs with direction (up or down) <input type="checkbox"/> Location and fuel source for appliances <input type="checkbox"/> Decks and patios <input type="checkbox"/> Unheated spaces clearly marked <input type="checkbox"/> Guardrail and handrail details <input type="checkbox"/> Attic access <input type="checkbox"/> Smoke detector locations FRAMING PLANS: <input type="checkbox"/> Floor framing plans (each floor) <input type="checkbox"/> Roof framing plans <input type="checkbox"/> Decks and patio framing
3.	<input type="checkbox"/>	<input type="checkbox"/>	ENGINEERING (if applicable): <input type="checkbox"/> Engineering shall be stamped and signed by an Engineer or Architect and be transferred to both sets of building plans and calculations. One original seal/signature is required. <input type="checkbox"/> All prow fronts shall be designed by an Engineer <input type="checkbox"/> Foundation systems or retaining walls (measured from the bottom of the footing to the top of wall, retaining walls over four ft. in height require engineering.) <input type="checkbox"/> Lateral bracing (if it doesn't comply with IRC conventional construction provisions) <input type="checkbox"/> Overhangs or cantilevers beyond conventional construction provisions or beyond those recommended by product manufacturer. <input type="checkbox"/> Beams or columns having unusual loads. <input type="checkbox"/> Soils/geotechnical reports where applicable (contact the Building Division for more information).
4.	<input type="checkbox"/>	<input type="checkbox"/>	PLUMBING: <input type="checkbox"/> List the number of each type of plumbing fixture to be installed. Pressure reducer on water supply is required where pressure exceeds 80 lbs. <input type="checkbox"/> Kitchen Sink(s)/Laundry sink(s) <input type="checkbox"/> Lavatory Sink <input type="checkbox"/> Shower(s)/Bathtub(s) <input type="checkbox"/> Toilet(s) <input type="checkbox"/> Water Heater <input type="checkbox"/> Washing Machines

5.	<input type="checkbox"/>	<input type="checkbox"/>	MECHANICAL SYSTEM: <ul style="list-style-type: none"> <input type="checkbox"/> Check types of mechanical systems being installed. Forced Air Heating systems need to be provided with chases for supply and returns so structural walls are not cut. <input type="checkbox"/> Duct work in garage minimum 26 gauge with no openings in garage. <input type="checkbox"/> Supply and return are provided with adequate chase to upper floors, are shown on plans. <input type="checkbox"/> Heat Pump <input type="checkbox"/> Central Furnace <input type="checkbox"/> Wood stove / Fireplace (cannot be the primary heat source). <input type="checkbox"/> Other
6.	<input type="checkbox"/>	<input type="checkbox"/>	CROSS SECTION: <ul style="list-style-type: none"> <input type="checkbox"/> Foundation Dimensions <input type="checkbox"/> Reinforcement steel shown or noted as specification on plans. <input type="checkbox"/> Insulation (walls, floors, ceiling, slab) <input type="checkbox"/> Framing Details <input type="checkbox"/> Stair and Landings <input type="checkbox"/> Roof Details (include roofing materials) <input type="checkbox"/> Lateral Bracing
7.	<input type="checkbox"/>	<input type="checkbox"/>	ELEVATIONS <ul style="list-style-type: none"> <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Existing Grade (Projects on shorelines and/or flood plain must label existing grade) <input type="checkbox"/> All final grades accurately shown and labeled <input type="checkbox"/> New vs. existing clearly shown (for remodels & additions)
8.	<input type="checkbox"/>	<input type="checkbox"/>	WASHINGTON STATE ENERGY/VENTILATION CODE COMPLIANCE: Energy code forms must be submitted with building plans. Prescriptive forms are available at this office.
	<input type="checkbox"/>	<input type="checkbox"/>	Heat Loss Calculations

VICINITY MAP

Provide a map and written driving directions to assist the Building Inspector in locating your project.

Vicinity map must show:

- (1) Location of property
- (2) Directional arrow indicating North
- (3) Any adjacent property addresses
- (4) Any landmarks adjacent to subject property
- (5) Nearest intersecting roadways; if applicable, include one major highway

NOTE: INSPECTIONS WILL NOT BE PERFORMED WITHOUT YOUR ADDRESS POSTED AT THE ROADWAY.

Driving directions: _____

LOCATION MAP ↗

SITE PLAN CHECKLIST

- Must be drawn to standard engineering/architect's scale, not to exceed 1"=100'. Indicate the scale used. Must include North arrow, and be drawn on grid paper or engineering plan format. For large parcels, applicant may submit a two-page site plan, the first page depicting the entire lot at a convenient scale and the second page depicting an enlargement of the developed area at a larger scale.
- Label all property lines/boundaries, dimensions, and area of lot/parcel (square feet or acreage).
- Label the location, size, and use of all existing building(s). Identify the distance between property lines and buildings. Label structures with previous building permit number(s) issued if applicable.
- Label the location, size, and use of all proposed structure(s) (temporary or permanent) to include dimensions of all decks, porches, cantilevers, bay windows, roof overhangs, retaining walls, patios, chimneys, landings and stairs.
- Identify the location, dimensions and volume of all existing and proposed propane tanks, fuel tanks, etc., both above ground and under ground, as well as setback from property lines.
- Identify land features such as top and bottom of slopes, direction of slope and any areas of erosion.
- Identify and label all water features to include, ponds, springs, ravines, streams, creeks, lakes, rivers, irrigation laterals, canals, ditches, wetlands, bogs, areas of saturated ground, flood plain, floodway. Identify the closest distance between the ordinary high water mark and proposed/existing structures.
- Label the name and width of roads bordering the property and indicate whether they are public or private.
- Locate the width of existing and proposed driveways/accesses serving each structure. Include stormwater control facilities such as drains, detention ponds, connection lines, catch basins, etc.
- Label all existing and proposed parking spaces/areas. Parking in residential districts is typically not allowed in the front yard setback area. All parking shall have durable and dustless surfaces suited to all weather use, unless required otherwise. If applicable, show handicapped parking and accessible routes to the structure and within the site to other structures and features.
- Identify and label all easements and widths, deed restrictions, other encumbrances, and/or issues restricting or affecting the use or condition of the property, including but not limited to access, utilities, railroads, irrigation and overhead power. Include the Auditor's file number(s). **BEFORE ANY DEVELOPMENT OCCURS, PLEASE CALL 1-888-663-8121 TO LOCATE ANY PUD EASEMENTS!**
- Show the location of all existing and proposed overhead and underground utilities including, but not limited to water, sewer, gas, and electrical.
- Identify location of water lines, well and sanitary control radius. Note: A sanitary control radius around an off-site well may impact your project if it overlaps onto your parcel.
- Identify location of all well(s), septic/pump tank, drainfield, reserve area and tight line involving the proposed structure(s). Show the distance from proposed structure(s) to septic tank, drainfield, drinking water well source(s), and any water body, wetland area and/or flood plain to ensure they meet the required horizontal setbacks from each other and property lines. See Chelan Douglas Health District Horizontal Setback Table for details. If applicable, the approved Health District and County site plan must be identical.
- If drinking water wells, septic tank/drainfield is off site, please show the location of these systems on the on adjacent property(ies) and provide a copy of the easement agreement(s).
- If applicable, identify existing and proposed landscaping, screening and/or fencing. (Show type of landscaping, size, spacing, and provisions for irrigation).
- If applicable, include outdoor lighting and signage. Label each as existing or proposed.

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) further certify that all Easements, Deed Restrictions, other encumbrances, and/or issues restricting or affecting the use or condition of the property have been disclosed to the best of my (our) knowledge and are shown on the site plan submitted with this application. Applicant/Owner(s) assumes all risk and liability for any claims and liabilities.

Print Owner/Applicant Name: _____

Signature: _____ Date: _____

CHELAN COUNTY FEE SCHEDULE

	Sq. Ft.			Valuation:
Basement:		x	\$24.60	= \$
Main Floor/1st Floor:		x	\$71.40	= \$
2nd Floor:		x	\$71.40	= \$
3rd Floor:		x	\$71.40	= \$
Garage:		x	\$25.80	= \$
Covered Porches/Patios:		x	\$22.50	= \$
Deck:		x	\$14.40	= \$
Carport:		x	\$22.50	= \$
Post Frame Building:		x	\$22.50	= \$

	Identify Valuation:
Retaining Walls:	\$ _____
Interior Renovations:	\$ _____
Docks/Piers/Boatlifts:	\$ _____

Total Valuation: \$ _____

Inspection Fee: \$ _____

Plan Review Fee: \$ _____

Zoning Fee: \$ _____

After-the-Fact Fee:		x		= \$
Archiving Fee (plans over 11 x 17 inches)		x	\$4.00	= \$

FEES COLLECTED AT SUBMITTAL OF PERMIT \$ _____

Number of Fixtures:		x	\$10.00	= \$
Number of Water Heaters:		x	\$10.00	= \$
Base Fee:				= \$25.00
Total Plumbing Fee:				\$ _____

Number of Heating Systems:		x	\$25.00	= \$
Number of Fuel Burning Systems:		x	\$25.00	= \$
Number of Ventilation Fans:		x	\$7.50	= \$
Number of Propane Tanks:		x	\$15.00	= \$
Base Fee:				= \$25.00
Total Mechanical Fee:				\$ _____

Building Permit Fee:				\$ _____
State Bldg. Code Council Fee:				\$4.50
Plumbing Fee:				\$ _____
Mechanical Fee:				\$ _____
Additional Zoning Fee:				\$ _____
Additional Plan Review Fee:				\$ _____
After-the-Fact Fee:		x		= \$ _____

FINAL FEES COLLECTED AT ISSUANCE OF PERMIT: \$ _____



RESIDENTIAL BUILDING PERMIT SUBMITTAL CHECKLIST

Single Family Residence, Duplex, Townhouse, Accessory Dwelling Unit, Manufactured Home, Accessory Structures

Complete applications will be accepted between 8:00 AM and 4:00 PM

PROJECT ADDRESS:	PARCEL #:
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THIS IS NOT A REVIEW. This list is used to assure that your submittal includes at least the minimum information needed to start the zoning/building review process. **Building permit applications will not be accepted until ALL requirements have been satisfied.**

APPLICANT SUBMITTAL ITEMS			STAFF VERIFICATION/INTAKE COMMENTS
	YES	N/A	
1.	<input type="checkbox"/>	<input type="checkbox"/>	Completed Application <input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	Legal Description (attached). <input type="checkbox"/> Violation? <input type="checkbox"/> Yes <input type="checkbox"/> No File No. _____
	<input type="checkbox"/>	<input type="checkbox"/>	Legal Lot of Record <input type="checkbox"/> Yes <input type="checkbox"/> No, Date Created: _____
3.	<input type="checkbox"/>	<input type="checkbox"/>	Zoning/UGA (Check with staff for setbacks and zoning restrictions) <input type="checkbox"/> _____
	<input type="checkbox"/>	<input type="checkbox"/>	Compliance with Subdivision Notes/ Conditions of Approval Achieved? <input type="checkbox"/> Additional UGA/Zoning requirements? _____
	<input type="checkbox"/>	<input type="checkbox"/>	Existing structures/permit identified? <input type="checkbox"/> Subdivision Notes/Land Use Permit Conditions of Approval: _____
4.	<input type="checkbox"/>	<input type="checkbox"/>	CRITICAL AREAS/REPORTS:
	<input type="checkbox"/>	<input type="checkbox"/>	Airport Overlay District: <input type="checkbox"/> N/A <input type="checkbox"/> Conical <input type="checkbox"/> Horizontal <input type="checkbox"/> Notice to Title <input type="checkbox"/> Submitted?
	<input type="checkbox"/>	<input type="checkbox"/>	Aquifer Recharge Area: <input type="checkbox"/> N/A <input type="checkbox"/> Form Submitted?
	<input type="checkbox"/>	<input type="checkbox"/>	Geologic Site Assessment: <input type="checkbox"/> N/A <input type="checkbox"/> Original Submitted?
	<input type="checkbox"/>	<input type="checkbox"/>	Wetland: <input type="checkbox"/> N/A <input type="checkbox"/> Delineation Submitted?
	<input type="checkbox"/>	<input type="checkbox"/>	Shoreline or Stream: <input type="checkbox"/> N/A Name: _____ Height Restriction: <input type="checkbox"/> Yes
	<input type="checkbox"/>	<input type="checkbox"/>	Flood Plain: <input type="checkbox"/> N/A <input type="checkbox"/> FEMA map from back attached.
	<input type="checkbox"/>	<input type="checkbox"/>	Floodway: <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> N/A
5.	<input type="checkbox"/>	<input type="checkbox"/>	Legal Access (attached): (circle) _____ ROW width: _____
	<input type="checkbox"/>	<input type="checkbox"/>	County, State, Primitive County Rd., _____ ROW width: _____
	<input type="checkbox"/>	<input type="checkbox"/>	Private, Access Easement, Forest Srvc. _____ ROW width: _____
6.	<input type="checkbox"/>	<input type="checkbox"/>	Driveway Permit (attached) <input type="checkbox"/> N/A <input type="checkbox"/> Submitted? <input type="checkbox"/> Notice to Title Submitted for Primitive Road?
	<input type="checkbox"/>	<input type="checkbox"/>	BUILDING PLANS: (Drawn to scale)
	<input type="checkbox"/>	<input type="checkbox"/>	Foundation Plan <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Floor Plan (each floor level) <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Floor Framing (each floor & decks) <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Roof Framing Plan <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Engineering (Original Stamp Required) <input type="checkbox"/> Designed accurately for wind, snow, seismic, and frost?
	<input type="checkbox"/>	<input type="checkbox"/>	(verify design criteria w/ Building Dept.) <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Mechanical/Plumbing <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Cross Section <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Elevation Drawings (draw all 4 sides) Snow Load: _____ Zoning Height: _____ Shoreline Height: _____
	<input type="checkbox"/>	<input type="checkbox"/>	Elevation of Building Site: _____ <input type="checkbox"/> Existing/Proposed Grade Shown? _____ Proposed Height: _____
	<input type="checkbox"/>	<input type="checkbox"/>	Energy Code Form <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Heat Loss Calculations <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	MANUFACTURED HOMES:
Floor Plan <input type="checkbox"/>			
Set-up Manual <input type="checkbox"/>			
Blocking Detail/Foundation <input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	Labor & Industries Alteration Permit <input type="checkbox"/> FOR: MH's built prior to 7/01/76, attachments, or overframing.	
7.	<input type="checkbox"/>	<input type="checkbox"/>	Copy of Contractor's License <input type="checkbox"/> N/A <input type="checkbox"/> Yes
8.	<input type="checkbox"/>	<input type="checkbox"/>	Vicinity Map <input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	Site Plan (<i>see site plan requirements</i>) <input type="checkbox"/> # of req'd parking spaces: _____ On site plan? <input type="checkbox"/> N/A <input type="checkbox"/> Yes
10.	<input type="checkbox"/>	<input type="checkbox"/>	Submittal Fees Paid <input type="checkbox"/>
Building Permits will not be issued until verification of water/sewer/septic have been received.			
11.	<input type="checkbox"/>	<input type="checkbox"/>	Water Availability <input type="checkbox"/>
12.	<input type="checkbox"/>	<input type="checkbox"/>	Sewer Availability/Septic Permit <input type="checkbox"/>

**YOUR APPLICATION WILL BE REVIEWED FOR ZONING, SETBACKS, AND BUILDING PLAN COMPLIANCE.
YOU WILL BE NOTIFIED ONCE YOUR APPLICATION IS READY FOR PICK-UP/ISSUANCE.**