



Permit No: _____

CHELAN COUNTY
DEPARTMENT OF COMMUNITY DEVELOPMENT
316 WASHINGTON STREET, SUITE 301, WENATCHEE, WA 98801
TELEPHONE: (509) 667-6225 FAX: (509) 667-6475

COMMERCIAL BUILDING PERMIT APPLICATION
COMMERCIAL BUILDINGS/STRUCTURES

Parcel Number (APN): _____ **Lot Size:** _____ (Acres)
Parcel Address: _____ **City/Zip:** _____
Abbreviated Legal Description: _____
Property Owner(s): _____
Mailing Address: _____
City/State/Zip: _____ **Phone:** _____
E-mail: _____ ☐ *Copy of Recorded Deed is required as an attachment.*

Applicant: _____ **Company Name:** _____
Mailing Address: _____
City/State/Zip: _____ **Phone:** _____
E-mail: _____

Contractor's Name: _____
Contractor's License Number: _____
Mailing Address: _____
City/State/Zip: _____ **Phone:** _____
E-mail: _____

Application For: ☐ New ☐ Remodel ☐ Addition ☐ Commercial Building ☐ Multi-Family Building (3 Units or More)
☐ Fire Repair/Replacement of: _____ **Destruction Date:** _____
☐ Tenant Improvement / Interior Remodel: _____
☐ Change of use/Proposed Occupancy: _____
If addition to building is proposed, please identify existing footprint and square footage of structure(s):

☐ Other: _____

Detailed Description of Proposed Use for the Structure:

⓪ FOR OFFICIAL USE ONLY ⓪

Received By & Date:	Zoning Approval & Date:	Building/Fire Approval & Date:	Intake Fees Paid: Final Fees Paid:
UGA:	Zoning:	Snow Load:	FP / FW:

IBC Building Construction Type:

- | | | | | |
|----------------------------------|-----------------------------------|------------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Type IA | <input type="checkbox"/> Type IIA | <input type="checkbox"/> Type IIIA | <input type="checkbox"/> Type IV | <input type="checkbox"/> Type VA |
| <input type="checkbox"/> Type IB | <input type="checkbox"/> Type IIB | <input type="checkbox"/> Type IIIB | | <input type="checkbox"/> Type VB |

IBC Sprinkler Substitutions (If applicable, please specify all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Area Increase | <input type="checkbox"/> Story Increase | <input type="checkbox"/> One-Hour Construction |
| <input type="checkbox"/> Unlimited Areas | <input type="checkbox"/> Height Increase | <input type="checkbox"/> Other: _____ |

Structure / Development Details: Dimensions of Building Footprint: _____ (ft.)

Building Height: _____ (ft.) Number of Stories: _____

☐ **Label Existing/Finished Grade on all 4 elevation views of Building Plans.****Floor Area(s)—check all that apply and indicate the area in Square Feet:**

- | | | | | |
|---|--|---|---|---|
| <input type="checkbox"/> Basement: _____ | <input type="checkbox"/> Main/1 st Floor: _____ | <input type="checkbox"/> 2 nd Floor: _____ | <input type="checkbox"/> 3 rd Floor: _____ | <input type="checkbox"/> 4 th Floor: _____ |
| <input type="checkbox"/> Deck: _____ | <input type="checkbox"/> Covered Porches/Patios: _____ | <input type="checkbox"/> Mezzanine: _____ | <input type="checkbox"/> Storage: _____ | |
| <input type="checkbox"/> Other: _____ | | | | Area: _____ (sq. ft.) |
| <input type="checkbox"/> Retaining Wall(s): Length: _____ (ft.) | | Height: _____ (ft.) | | |

For existing structure(s), describe existing use and occupancy:
_____**Please provide the following details (indicate retail/office areas in square feet):**

- | | |
|--|--|
| Existing Bathrooms: _____ | New Proposed Bathrooms: _____ |
| Existing Retail Space: _____ | New Proposed Retail Space: _____ |
| Existing Office Space: _____ | New Proposed Office Space: _____ |
| No. of Existing Employees: _____ | No. of Proposed Employees: _____ |
| Will New Proposal Affect Existing Parking or Access? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| No. of Existing Off-Street Parking Spaces: _____ | No. of Proposed Off-Street Parking Spaces: _____ |
| New/Change Mechanical? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| New Landscaping Proposed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Landscaping Plan attached, if applicable. | |
| Is this building for Restaurant Use: <input type="checkbox"/> No <input type="checkbox"/> Yes, please indicate the number of seats in the establishment. | |
| Existing Number of Seating: _____ | Proposed Number of Seating: _____ |

Impervious Surface (IS) Information in Square Feet:**Refer to Chelan County Code Section 13.16.020 (16) for the definition of "Impervious Surface."**

- | | |
|--|--|
| Existing IS (Include existing roof, driveway, etc.): _____ | New IS (Include new roof, driveway, etc.): _____ |
| Total Impervious Surface (Existing Impervious Surface plus New Impervious Surface): _____ (sq. ft.) | |
| Total Square Footage of All Commercial Buildings (structures only) on Property: _____ (sq. ft.) | |

Sanitation Disposal:

- ☐
- N/A
- ☐
- Septic Permit #: _____
- ☐
- Sewer District: _____

Water Source:

- ☐
- N/A
- ☐
- Single Private Well
- ☐
- Shared Private Well
- ☐
- Public Water Supplier: _____

NOTE: Prior to permit issuance a Letter of Availability is required from the Sewer District or Public Water Supplier. Prior to Certificate of Occupancy a letter verifying Sewer/Water connection is required and a final Septic as-built/inspection must be approved by the Chelan-Douglas Health District.

1.	What is the current use of the property? _____
2.	<p>List all existing structures on the property, the year constructed, and the Building Permit Number (if applicable):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Label and Identify on site plan.</p>
3.	<p>Please identify legal access to the subject property and list Auditor's File # (AFN) if applicable:</p> <p>_____</p> <p>_____</p>
4.	<p>List and attach all Easements, Deed Restrictions, or other Encumbrances restricting the use of the property. (Refer to your subdivision, deed and/or Title Report) List by auditor's file number (AFN) and identify easement type:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Label and Identify on site plan.</p>
5.	<p>*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: _____</p>
6.	<p>*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, (Circle applicable)</p>
7.	<p>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:</p> <p>_____</p>
<p><i>*May involve height restrictions, a wetland delineation, a geologic site assessment, and additional setback requirements. Inquire with Chelan County Department of Community Development.</i></p>	

Lending Agency Name: _____ Phone: _____
 Address: _____
 Contractor's Bonding Firm: _____ Phone: _____
 Address: _____

Owner/Applicant Signature: _____ **Date:** _____

VICINITY MAP

Provide written driving directions and a map 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:

☐ **ATTACH A LOCATION MAP or SKETCH BELOW**

SITE PLAN CHECKLIST

- ☐ Two copies of site plan are required. 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 underground, 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 1-509-661-8400 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, drain field, reserve area and tight line involving the proposed structure(s). Show the distance from proposed structure(s) to septic tank, drain field, 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/drain field is off site, please show the location of these systems on the adjacent property or properties 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. I (we) further affirm that by my (our) signature below that I (we) have obtained legal permission to build within or encumber all easements on this property. Applicant/Owner(s) assumes all risk and liability for any claims and liabilities.

Print Owner/Applicant Name: _____

Signature: _____ Date: _____

COMMERCIAL BUILDING PERMIT SUBMITTAL CHECKLIST

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"/>	Complete Application Previous Building Permits and Status? Have Easements Been Disclosed?
2.	<input type="checkbox"/>	<input type="checkbox"/>	Deed / Legal Description (Attached) Legal Lot of Record
3.	<input type="checkbox"/>	<input type="checkbox"/>	Copy of Legal Access Attached? (Please Circle the Access Type, Below) County, State, Primitive County Road, Private, Access Easement, Forest Service Road Driveway Permit (Attached)
4.	<input type="checkbox"/>	<input type="checkbox"/>	Zoning: County or Urban Growth Area (Check with Department Staff for Setbacks, Zoning, and Critical Area Restrictions) Have Subdivision Notes and Conditions of Approval Been Achieved? (Refer to Respective Files)
5.	<input type="checkbox"/>	<input type="checkbox"/>	CRITICAL AREAS AND REPORTS Airport Overlay District Aquifer Recharge Area Geologic Hazard(s) and Geologic Site Assessment Wetland(s) and Wetland Delineation Shoreline of the State (Call the Department if unsure) Stream(s) and/or Lake(s) Flood Plain and/or Floodway Habitat Resource Land (e.g. AC, FC or MC zoning)
6.	<input type="checkbox"/>	<input type="checkbox"/>	ADDITIONAL COMMERCIAL ITEMS SEPA (Environmental Checklist) Landscape Plan Traffic Impact Study Stormwater Drainage Plan Parking; Existing: _____ Proposed: _____ ADA Compliant Parking; # of spaces: _____ Employees; Existing: _____ Proposed: _____ Restaurant; Existing seats: _____ Proposed: _____
7.	<input type="checkbox"/>	<input type="checkbox"/>	BUILDING PLANS IN ARCHITECTURAL SCALE Foundation Plan Floor Plan (each floor level) Means of Egress Plan Floor Framing (each floor & decks) Roof Framing Plan Engineering (Original wet-stamp required) (Verify design criteria w/the Building Division) Mechanical and Plumbing systems Cross-section(s) Elevation Drawings (All four sides) Finished & Existing Grade shown and labeled Elevation of Building Site: _____ (ft.) Northwest Energy Efficiency Council Compliance Form Heat Loss Calculations Stormwater Plan (If Applicable)
8.	<input type="checkbox"/>	<input type="checkbox"/>	Copy of Contractor's License (Unexpired)
9.	<input type="checkbox"/>	<input type="checkbox"/>	Vicinity Map
10.	<input type="checkbox"/>	<input type="checkbox"/>	Site Plan (Please refer to site plan checklist)
11.	<input type="checkbox"/>	<input type="checkbox"/>	Submittal Fees Paid
BUILDING PERMITS ARE NOT ISSUED UNTIL THE DEPARTMENT RECIEVES VERIFICATION FOR WATER & SEWER/SEPTIC			
12.	<input type="checkbox"/>	<input type="checkbox"/>	Water Availability Letter—or—CDHD Well approval
13.	<input type="checkbox"/>	<input type="checkbox"/>	Sewer Availability Letter—or—CDHD Septic Permit

CHELAN COUNTY COMMERCIAL FEE SCHEDULE

COMMERCIAL BUILDINGS/STRUCTURES

Construction Value (Contractor Price: Labor and Materials, Exclude Earthwork):\$ _____

Building Site Visit Fee (if applicable): \$ _____

Building - Plan Check (Review) Fee: \$ _____

Environmental Checklist (SEPA): \$ _____

Landscape Plan Review: \$ _____

Planning - Plan Check (Zoning Review) Fee: \$ _____

GIS Permit Tracking/Archiving/Digitizing Plan Surcharge: \$ 28.00

Archiving Fee (plans over 11 x 17 inches):

	X	\$4.00/Page	=	\$ _____
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Building - Plan Check (Review) "After the Fact" Fees: \$ _____

Planning - Plan Check (Zoning Review) "After the Fact" Fees: \$ _____

FEES COLLECTED AT PERMIT SUBMITTAL: \$ _____

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 Building Code Council Fee: \$25.00

Total Plumbing Fee: \$ _____

Total Mechanical Fee: \$ _____

Building – Plan Check (Review) – Additional Fee: \$ _____

Planning – Plan Check (Zoning Review) – Additional Fee: \$ _____

Building Permit – "After the Fact" Fee: \$ _____

FINAL FEES COLLECTED AT PERMIT ISSUANCE: \$ _____

NOTE: The Building Permit Grand Total equals Fees collected at Permit Submittal plus Final Fees collected at Permit Issuance.