



Permit No: _____

CHELAN COUNTY

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

RESIDENTIAL BUILDING PERMIT APPLICATION

*SINGLE FAMILY RESIDENCE, ACCESSORY DWELLING UNIT,
ACCESSORY STRUCTURE*

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 ☐ Fire Repair/Replacement Destruction Date: _____
☐ Single Family Residence ☐ Accessory Dwelling Unit ☐ Accessory Structure ☐ Other: _____
Proposed use of structure: _____

Will this structure be used as a Vacation/Transient Rental for less than 30 days? ☐ Yes ☐ No

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

☐ *Label Existing/Finished Grade on all 4 elevation views of Building Plans*

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.)

Floor Area(s)—check all that apply and indicate the area in Square Feet:

☐ Basement: _____ ☐ Main/1st Floor: _____ ☐ 2nd Floor: _____ ☐ 3rd Floor: _____ ☐ Decks: _____

☐ Covered Porches/Decks: _____ ☐ Carport: _____ ☐ Garage: _____ ☐ Other: _____

Existing Bedrooms: _____ Proposed New Bedrooms: _____ Total Bedrooms: _____

Existing Bathrooms: _____ Proposed New Bathrooms: _____ Total Bathrooms: _____

☐ Retaining Wall(s): Length: _____ (ft.) Height: _____ (ft.) ☐ Propane Tank Size: _____ (gallons)

⓪ FOR OFFICIAL USE ONLY ⓪

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

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.

Please Complete the Following:

1.	What is the current use of the property? _____
2.	List all existing structures on the property, the year constructed, and the Building Permit Number (if applicable): _____ _____ _____ <input type="checkbox"/> Label and Identify on site plan.
3.	Please identify legal access to the subject property and list Auditor's File # (AFN) if applicable: _____ _____
4.	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: _____ _____ _____ <input type="checkbox"/> Label and identify on site plan.
5.	*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: _____
6.	*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)
7.	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 Chelan County Department of Community Development.	

If applicable: (Required by RCW 19.27.095)

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

I (We) certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true, correct and complete to the best of my (our) knowledge. I (We) further certify (or declare) that all Easements, Deed Restrictions, other encumbrances, and/or issues restricting or affecting the use or condition of the property have been accurately disclosed to the best of my (our) knowledge and are shown on the site plan submitted with this application. I (We) understand that encroachment and/or building into easements, deed restrictions or other encumbrances are my (our) responsibility and not Chelan County's. 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. Owner hereby releases, discharges, indemnifies and holds harmless the County from and against any and all claims, demands, causes of action, suits or judgments (including costs and expenses incurred in connection therewith) by both the easement holder or encumbered person(s) arising out of or in connection with the County's issuance of a building permit. I (We) certify (or declare) 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:** _____

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: _____

RESIDENTIAL BUILDING PERMIT SUBMITTAL CHECKLIST

SINGLE FAMILY RESIDENCE, ACCESSORY DWELLING UNIT, ACCESSORY STRUCTURE

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

**APPLICATIONS ARE REVIEWED FOR ZONING, SETBACKS AND BUILDING PLAN COMPLIANCE.
THE DEPARTMENT WILL NOTIFY THE APPLICANT ONCE THE APPLICATION IS READY FOR ISSUANCE.**

STRUCTURAL PLANS CHECKLIST

Applications for building permits will not be accepted unless the following items are supplied with your application for a permit. Complete and submit two sets of building plans drawn to ¼ scale, unless the Building Official authorized a different scale in writing. Please contact the building department with your building site elevation in order to determine the required snow load. Buildings must comply with the correct design criteria.

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 (<i>deck, porches, patios</i>) <input type="checkbox"/> Girders, posts, floor joists, slabs <input type="checkbox"/> Access and ventilation <input type="checkbox"/> Slab insulation location (<i>if applicable</i>)
2.	<input type="checkbox"/>	<input type="checkbox"/>	BUILDING PLANS MUST BE DRAWN AT ¼ SCALE FLOOR PLANS: <input type="checkbox"/> All spaces labeled by use (<i>bedroom, bathroom, etc.</i>) <input type="checkbox"/> New vs. existing (<i>if addition or remodel</i>) <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 (<i>up or down</i>) <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 (<i>each floor</i>) <input type="checkbox"/> Roof framing plans <input type="checkbox"/> Decks and patio framing
3.	<input type="checkbox"/>	<input type="checkbox"/>	ENGINEERING (<i>if applicable</i>): <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"/> Retaining walls over four ft. in height require engineering (<i>measured from the bottom of the footing to the top of wall</i>). <input type="checkbox"/> Lateral bracing (<i>if it doesn't comply with IRC conventional construction provisions</i>) <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 (<i>contact the Building Division for more information</i>).
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

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STRUCTURAL PLANS CHECKLIST

(Continued)

5.	<input type="checkbox"/>	<input type="checkbox"/>	MECHANICAL SYSTEM: <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 (<i>cannot be the primary heat source</i>). <input type="checkbox"/> Other
6.	<input type="checkbox"/>	<input type="checkbox"/>	CROSS SECTION: <input type="checkbox"/> Foundation Dimensions <input type="checkbox"/> Reinforcement steel shown or noted as specification on plans. <input type="checkbox"/> Insulation (<i>walls, floors, ceiling, slab</i>) <input type="checkbox"/> Framing Details <input type="checkbox"/> Stair and Landings <input type="checkbox"/> Roof Details (<i>include roofing materials</i>) <input type="checkbox"/> Lateral Bracing
7.	<input type="checkbox"/>	<input type="checkbox"/>	ELEVATIONS (<i>four views are required</i>): <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Existing grade must be accurately shown and labeled on each view. <input type="checkbox"/> Final grades must be accurately shown and labeled on each view. <input type="checkbox"/> New vs. existing clearly shown (<i>for remodels & additions</i>)
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 or on the internet at http://www.energy.wsu.edu/code . <input type="checkbox"/> Heat Loss Calculations

CHELAN COUNTY RESIDENTIAL FEE SCHEDULE

SINGLE FAMILY RESIDENCE, ACCESSORY DWELLING UNIT, ACCESSORY STRUCTURE

Area	Square Feet		Value Per Square Feet		Valuation of Area
Basement:		X	\$24.60	=	\$
Main Floor/1 st Floor:		X	\$71.40	=	\$
2 nd Floor:		X	\$71.40	=	\$
3 rd Floor:		X	\$71.40	=	\$
Garage:		X	\$25.80	=	\$
Covered Porches/Decks:		X	\$22.50	=	\$
Decks:		X	\$14.40	=	\$
Carport:		X	\$22.50	=	\$
Pole Building:		X	\$22.50	=	\$

Identify Valuation

Retaining Walls (Contractor Price: Labor and Materials): \$ _____
 Interior Renovations (Contractor Price: Labor and Materials): \$ _____
 Docks/Piers/Boatliffts (Contractor Price: Labor and Materials): \$ _____

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

Building - Plan Check (Review) Fee: \$ 28.00

Planning - Plan Check (Zoning Review) Fee:

GIS Permit Tracking/Archiving/Digitizing Plan Surcharge:

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: \$ 6.50

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.