



Permit No: \_\_\_\_\_

# CHELAN COUNTY

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

## MANUFACTURED HOME BUILDING PERMIT APPLICATION

*MANUFACTURED HOME, MOBILE HOME, PARK MODEL HOME*

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: \_\_\_\_\_  
Email: \_\_\_\_\_

Application For: ☐ Manufactured Home ☐ Mobile Home ☐ Park Model Home ☐ Strip Footings or ☐ Foundation

Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_ VIN#: \_\_\_\_\_

Footprint Dimensions: \_\_\_\_\_ No. of Bedrooms: \_\_\_\_\_ Type of Skirting: \_\_\_\_\_

Name of Certified Installer: \_\_\_\_\_ WAINS #: \_\_\_\_\_

Home Height: \_\_\_\_\_ (ft.) Rated Snow Load for proposed Manufactured Home: \_\_\_\_\_ (lbs.\*)

**\*Home must meet the required snow load for the area of placement. If unable to meet required snow load, application for snow roof cover must be made with this application.**

☐ Applying for Snow Roof Cover: Proposed Snow Roof Cover Dimensions: \_\_\_\_\_ (ft.) Snow Roof Height: \_\_\_\_\_ (ft.)

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

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

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

### **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.)

***NOTE: Manufactured Homes with modifications, attachments, and/or built prior to June 15, 1976 require an alteration permit from the Department of Labor & Industries prior to submittal of building permit application.***

### **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:

**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"/> <b>Label and Identify on site plan.</b>
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"/> <b>Label and identify on site plan.</b>
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 (file numbers) 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:**

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

## SITE PLAN CHECKLIST

- ☐ TWO COPIES OF SITE PLAN ARE REQUIRED TO BE SUBMITTED EITHER IN PAPER FORMAT OR ELECTRONICALLY THROUGH THE ELECTRONIC SUBMITTAL PROCESS. THE COUNTY REQUESTS THAT ALL SITE PLANS BE DRAWN TO SCALE TO AVOID ANY DISCREPANCIES AND TO SPEED UP THE REVIEW PROCESS. SITE PLANS SHOULD BE SCALED TO THE STANDARD ENGINEERING SCALE (1" = 10', 1" = 20', ETC.).
- ☐ INDICATE ALL PROPERTY LINES/BOUNDARIES, DIMENSIONS, AND AREA OF LOT/PARCEL IN SQUARE FEET OR ACREAGE.
- ☐ INDICATE THE LOCATION AND USE OF ALL PROPOSED AND EXISTING STRUCTURES, WHICH INCLUDE ACCESSORY STRUCTURES, DECKS, PROPANE TANKS AND PORCHES.
- ☐ INDICATE AND LABEL ALL WATER FEATURES TO INCLUDE, PONDS, SPRINGS, RAVINES, STREAMS, CREEKS, LAKES, RIVERS, WETLANDS AND IDENTIFY THE DISTANCE TO THE ORDINARY HIGH-WATER MARK (OHWM), IF KNOWN.
- ☐ INDICATE THE NAME OF ALL ROADS AND WIDTHS THAT BORDER THE PROPERTY AND WHETHER THE ROAD IS PUBLIC OR PRIVATE.
- ☐ INDICATE PROPOSED DRIVEWAY ACCESS AND WIDTH AND WHETHER THE ACCESS IS OVER A DRAINAGE DITCH, CULVERT, STREAM, ETC.
- ☐ INDICATE COMPLIANCE WITH REQUIRED PARKING SPACES (2 SPACES PER DWELLING) AND THAT THE PARKING AREA WILL BE DURABLE AND DUST FREE, I.E. PAVED OR CONCRETE.
- ☐ INDICATE ALL LOCATION(S) OF ANY EASEMENTS AND EASEMENT TYPE(S) INCLUDING WIDTHS AND ANY RESTRICTIONS.
- ☐ 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.

**NOTE: PLEASE CALL 1-509-661-8400 TO LOCATE ANY PUD EASEMENTS PRIOR TO ANY DEVELOPMENT!**

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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) 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

## MANUFACTURED HOME, MOBILE HOME, PARK MODEL HOME

**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"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/>	<input type="checkbox"/>	Previous Building Permits and Status? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/>	<input type="checkbox"/>	Have Easements Been Disclosed? <input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input type="checkbox"/>	<input type="checkbox"/>	Deed / Legal Description (Attached) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes; Date Created: _____
	<input type="checkbox"/>	<input type="checkbox"/>	Legal Lot of Record <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes; Date Created: _____
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 Road: _____ ROW: _____ Road: _____ ROW: _____ Road: _____ ROW: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes; Notice to Title Submitted for Primitive Rd?
	<input type="checkbox"/>	<input type="checkbox"/>	Driveway Permit (Attached) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes; Notice to Title Submitted for Primitive Rd?
4.	<input type="checkbox"/>	<input type="checkbox"/>	Zoning: County or Urban Growth Area (Check with Department Staff for Setbacks, Zoning, and Critical Area Restrictions) <input type="checkbox"/> County <input type="checkbox"/> UGA Name: _____ <input type="checkbox"/> Additional Requirements for UGA
	<input type="checkbox"/>	<input type="checkbox"/>	Have Subdivision Notes and Conditions of Approval Been Achieved? (Refer to Respective Files) <input type="checkbox"/> Land Use Permit Conditions of Approval attached Violations <input type="checkbox"/> No <input type="checkbox"/> Yes; File #: _____
5.	<input type="checkbox"/>	<input type="checkbox"/>	<b>CRITICAL AREAS AND REPORTS</b> <input type="checkbox"/> Airport Overlay District <input type="checkbox"/> Aquifer Recharge Area <input type="checkbox"/> Geologic Hazard(s) and Geologic Site Assessment <input type="checkbox"/> Wetland(s) and Wetland Delineation <input type="checkbox"/> Shoreline of the State (Call the Department if unsure) <input type="checkbox"/> Stream(s) and/or Lake(s) <input type="checkbox"/> Flood Plain and/or Floodway <input type="checkbox"/> Habitat <input type="checkbox"/> Resource Land (e.g. AC, FC or MC zoning)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Conical <input type="checkbox"/> Horizontal <input type="checkbox"/> Notice to Title <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Form Submitted <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Geologic Site Assessment Attached <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Wetland Delineation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ <input type="checkbox"/> Height Restriction: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ <input type="checkbox"/> Setback: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Official FEMA Map Verification Required <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____ <input type="checkbox"/> DFW Referral Required <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Setback Waiver Required
6.	<input type="checkbox"/>	<input type="checkbox"/>	<b>MANUFACTURED HOMES:</b> <input type="checkbox"/> Floor Plan (Including Any Lofts) <input type="checkbox"/> Set-up Manual including Blocking or Foundation Details <input type="checkbox"/> If applicable: Roof Plan Designed for Snow Load <input type="checkbox"/> If applicable: Labor & Industries Alteration Permit Including: Engineering (Original wet-stamp required) (Verify design criteria w/the Building Division) <input type="checkbox"/> Elevation Drawings (All four sides) <input type="checkbox"/> Finished & Existing Grade shown and labeled <input type="checkbox"/> Elevation of Building Site: _____ (ft.) <input type="checkbox"/> Stormwater Plan (If Applicable) <input type="checkbox"/> Snow Roof Cover Plan (if Applicable)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Scale Utilized: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Specify Type: _____ <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes; Snow Load: _____ <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes; Designed for Wind, Snow, Seismic & Frost Requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Building Height: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Zoning Height: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Shoreline Height: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Attached <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
7.	<input type="checkbox"/>	<input type="checkbox"/>	Copy of Contractor's License (Unexpired) <input type="checkbox"/> N/A <input type="checkbox"/> Yes; Expiration date: _____
8.	<input type="checkbox"/>	<input type="checkbox"/>	Vicinity Map <input type="checkbox"/> Yes
9.	<input type="checkbox"/>	<input type="checkbox"/>	Site Plan (Please refer to site plan checklist) <input type="checkbox"/> Yes <input type="checkbox"/> Required Parking shown on site plan
10.	<input type="checkbox"/>	<input type="checkbox"/>	Submittal Fees Paid <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>BUILDING PERMITS ARE NOT ISSUED UNTIL THE DEPARTMENT RECIEVES VERIFICATION FOR WATER &amp; SEWER/SEPTIC</b>			
11.	<input type="checkbox"/>	<input type="checkbox"/>	Water Availability Letter—or—CDHD Well Approval <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> Pending
12.	<input type="checkbox"/>	<input type="checkbox"/>	Sewer Availability Letter—or—CDHD Septic Permit <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> Pending
<b>Additional Staff Intake Comments:</b>			

**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

***SNOW ROOF COVER REQUIREMENTS APPLICABLE FOR:  
MANUFACTURED HOME, MOBILE HOME, PARK MODEL HOME***

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"/>	<b>FOUNDATION PLAN:</b> <input type="checkbox"/> All pads and dimensions ( <i>deck, porches, patios</i> ) <input type="checkbox"/> Girders, posts, floor joists, slabs
2.	<input type="checkbox"/>	<input type="checkbox"/>	<b>BUILDING PLANS MUST BE DRAWN AT ¼ SCALE</b> <input type="checkbox"/> Footing and Post plans <input type="checkbox"/> Roof framing plans
3.	<input type="checkbox"/>	<input type="checkbox"/>	<b>ENGINEERING (if applicable):</b> <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"/> 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"/> Soils/geotechnical reports where applicable ( <i>contact the Building Division for more information</i> ).
4.	<input type="checkbox"/>	<input type="checkbox"/>	<b>CROSS SECTION:</b> <input type="checkbox"/> Foundation Dimensions <input type="checkbox"/> Framing Details <input type="checkbox"/> Roof Details (include roofing materials)
5.	<input type="checkbox"/>	<input type="checkbox"/>	<b>ELEVATIONS (four views are required):</b> <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 &amp; additions</i> )