



City of Ferndale
 Building Department
 2095 Main Street/PO Box 936
 Ferndale, WA 98248
 (360) 685-2369 phone
 (360) 384-5189 fax
 www.cityofferndale.org

OFFICE USE ONLY	
PERMIT NUMBER: _____	RECEIVED BY/DATE: _____
ASSOCIATED PERMIT #'S _____	

APPOINTMENT REQUIRED TO SUBMIT
Only complete applications will be processed

COMMERCIAL/MULTI-FAMILY BUILDING PERMIT APPLICATION REV. 1/2017

CONTACT INFORMATION

PROPERTY OWNER **APPLICANT**

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: () _____ Fax: () _____
 Cell: () _____ E-mail: _____
 L & I License #: _____ Exp.: ____/____/____
 (If owner is required to be a contractor per L & I – ATTACH COPY OF LICENSE)
 City of Ferndale Business Lic. #: _____

REQUIRED IF OWNER IS A CONTRACTOR

CONTRACTOR **APPLICANT**

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: () _____ Fax: () _____
 Cell: () _____ E-mail: _____
 L & I License #: _____ Exp.: ____/____/____
COPY OF LICENSE MUST BE ATTACHED TO THIS APPLICATION
REQUIRED - City of Ferndale Business License # : _____

BUSINESS TENANT **APPLICANT**

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: () _____ Fax: () _____
 Cell: () _____ E-mail: _____
REQUIRED - City of Ferndale Business License #:
 ARCHITECT **DESIGNER** **ENGINEER** **APPLICANT**

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: () _____ Fax: () _____
 Cell: () _____ E-mail: _____

PROPERTY INFORMATION

PROJECT ADDRESS: _____

APPROVED BY PLANNER _____ staff initials
DATE OF CITY APPROVED BUILDING SITE PLAN: _____

GEOGRAPHIC ID/GEO PARCEL NUMBER: _____

LEGAL DESCRIPTION: _____

ZONING: _____

LOT AREA (SQ FT): _____

PROJECT INFORMATION

CLASS OF WORK

- NEW T.I. ADDITION/ALTERATION
- ACCESSORY RPA PLAN # _____
- FOOD MANUFACTURING/PROCESSOR (FMP)
- FOOD SERVICE ESTABLISHMENT (FSE)

BRIEFLY DESCRIBE PROJECT/BUILDING USE AND/OR PREVIOUS USE:

LENDER/BOND: (Information must be provided for projects over \$5,000 in valuation per RCW 19.27.095)

SELF FINANCED: YES NO
 If you check "NO", you must complete the following information:
 LENDER/BOND NAME: _____
 LENDER/BOND PHONE: _____

PROJECT VALUATION: (cost of materials, labor & equip.)
 \$ _____

BUILDING INFORMATION

EXISTING: _____ sq ft # STORIES: _____
 NEW: _____ sq ft # BATHROOMS: _____
 # UNITS: _____
 BASEMENT: YES NO
 SEWER: NEW EXISTING
 OCCUPANCY TYPE: _____
 CONSTRUCTION TYPE: _____
 WATER: NEW EXISTING

CERTIFICATION

I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION AND EXHIBITS SUBMITTED HERewith ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND, FURTHER, THAT I AM AUTHORIZED BY THE OWNER (IF OWNER IS NOT SUBMITTING) (SEE OWNER CONSENT FORM) OF THE ABOVE PREMISES TO PERFORM WORK FOR WHICH PERMIT APPLICATION IS MADE.

 APPLICANT SIGNATURE DATE

OPTIONAL IMPACT/CONNECTION FEE DEFEREMENT ON MULTI-FAMILY CONSTRUCTION ONLY

The City of Ferndale, as of October 12, 2015, provides the opportunity/option for applicants to defer a portion of certain impact and connection fees throughout the permitting and construction phase of your NEW MULTI-FAMILY building project per Ordinance #1916 (or as amended). If this form is not completed at time of permit intake, the applicant will by default be required to pay all applicable impact & connection fees at time of permit issuance (See Option 1 below).

NOTE: School Impact Fees cannot be deferred and must be paid prior to permit issuance.

OPTION 1 (DEFAULT OPTION)

Unless fully paid at the time of lot creation, the applicant agrees to pay all outstanding impact and mitigation fees as well as water/sewer connection fees in full at time of permit issuance.

OPTION 2 (DEFERRAL OPTION)

Pursuant to Ordinance Applicant agrees to pay all, or that portion of fees designated on this form, of water and sewer connection fees, storm mitigation fees, parks, recreation and trails impact fees, traffic impact fees and school impact fees (impact and connection fees) associated with the building permit prior to request for final inspection. If this option is selected, the fee amounts owing shall vest to the fee schedule in place at the time of deferment. * * * * *

*If deferred by the applicant, up to 100% of each impact and connection fee may be deferred until no later than a request for final inspection, and must be paid within eighteen months of deferment. This means that all fees must be paid *prior* to requesting a final inspection. Failure to pay such fees prior to the request may nullify the inspection request.

** In most cases, at least fifty percent (50%) of the impact fees were paid by the subdivider at time of lot creation. If no impact fees were paid at lot creation, it shall be the responsibility of the applicant to pay for the full impact fees owing on the lot as part of the building permit.

*** Requests to defer fees cannot supersede fee payment conditions or payment timing provisions that are included as a component of recorded subdivisions. In such cases where a fee deferment request would conflict with the conditions of a recorded subdivision, the subdivision conditions shall prevail.

****If a building permit has become invalid for whatever reason, the work shall not proceed unless a new building permit has been obtained, pursuant to FMC 18.12.090 (C). The City may include a provision on the new permit requiring that all outstanding impact and connection fees be paid upon issuance of the new permit.

LEGAL PROPERTY OWNER MUST READ AND SIGN

THE FOLLOWING SHALL BE LEGALLY BINDING UPON THE PROPERTY OWNER, THEIR DESIGNEE, ASSIGNEES, AND SUCCESSORS. THE CITY SHALL NOT GRANT OCCUPANCY OF ANY KIND FOR THE BUILDING PERMIT IN QUESTION PRIOR TO THE FULL PAYMENT OF FEES OWING. BY INDICIATING THE DEFERRED PAYMENT OPTION #2, THE PROPERTY OWNER OR THEIR DESIGNEE ACCEPTS THEIR RESPONSIBILITY TO MAKE FULL PAYMENT TO THE CITY PRIOR TO REQUESTING FINAL INSPECTION. THE CITY MAY NOT CONDUCT FINAL INSPECTION UNTIL ALL FEES HAVE BEEN PAID.

Check the Preferred Payment Option (from above) and initial where indicated:

Option 1 _____ (initial) Option 2 _____ (initial) (Note: Fees are vested to deferment date below)

PLEASE INDICATE AMOUNT TO BE DEFERRED: _____%

I HAVE READ AND UNDERSTAND THE OPTIONS ABOVE AS IT APPLIES TO THIS PERMIT

PROPERTY OWNER SIGNATURE

DATE

PROPERTY OWNER DESIGNEE (IF APPLICABLE)

DATE

OFFICE USE ONLY

DEPARTMENT ROUTING/REVIEW SHEET

DEPARTMENT	COMMENTS	STAFF INITIALS/ DATE APPROVED
PLANNING	<input type="checkbox"/> See Site Plan Conditions indicated in SmartGov <input type="checkbox"/> See Planning Conditions indicated in SmartGov <input type="checkbox"/> Option 1 (Full Fees due at Permit Issuance) <input type="checkbox"/> Option 2 (Deferral Options _____% deferred) <input type="checkbox"/> Flood <input type="checkbox"/> PW Review Necessary SCHOOL MITIGATION FEES: <input type="checkbox"/> N/A <input type="checkbox"/> Pay prior to issuance	_____
BUILDING DATA	Occupant Load: _____ Occupancy Type: _____ Construction Type: _____ Number of Stories: _____ Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No Other: _____	_____
P.W. DEPT. W.T.P. ENGINEERING	See Conditions in SmartGov dated: _____ Water Meter: <input type="checkbox"/> Yes <input type="checkbox"/> No Water Meter Size: <input type="checkbox"/> ¾" <input type="checkbox"/> 1" <input type="checkbox"/> 2" <input type="checkbox"/> Other	_____ _____

WORKSHEETS

BUILDING VALUATION WORKSHEET					FEES	OPTION 1	OPTION 2	BAL. DUE
AREA TYPE	AREA (sq ft)	X	RATE	VALUATION	Building Permit			
MAIN FLOOR		X	=		Plan Check			
2ND FLOOR		X	=		Less Deposit	()	()	
GARAGE		X	=		Mechanical			
BASEMENT:					Plumbing			
Semi-Finished		X	=		Storm Hookup Insp			
Unfinished					SW Sewer Connection			
DECKS:					Sewer Connection			
Uncovered		X	=		Sewer Hookup Insp			
Covered Patio					Water Set Up Fee			
Covered Front Porch		X	=		Water Connection			
FIREPLACES		X	=		Bakerview Water			
OTHER:		X	=		<input type="checkbox"/> ¾" <input type="checkbox"/> 1" <input type="checkbox"/> 2"			
TOTAL AREA:					H2O Meter Install			
COMMENTS: 					Traffic Mit Fee			
					Park Mit Fee			
					Storm Mit. Fee			
					V.Y. Storm Connection			
					Neubauer Storm Connection			
					SW Storm Connection			
					Archive Fee	\$10.00	\$10.00	
					State Fee	\$4.50	\$4.50	
					TOTAL:			
					Under Option 2: Balance must be paid prior to final inspection request.			

PERMIT SPECIALIST _____	SIGNATURE _____	DATE _____
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MECHANICAL PERMIT FEE WORKSHEET

1. Show location of appliance(s) on building plans.
2. Show type of appliance on building plans.
3. Identify the following:
 - A) Size: Input BTU's
 - B) Annual Fuel Utilization Efficiency (AFUE)
 - C) Venting Detail
 - D) Clearance to Combustibles
 - E) Vent Termination
 - F) Clearance to service
 - G) Ignition source(s) in garage shall be 18" above finished floor

HAVE YOU IDENTIFIED/SHOWN THESE ITEMS ON YOUR PLANS? THIS IS REQUIRED

PERMIT FEES & WORKSHEET

TYPE OF FUEL: Electric Oil Natural Gas LPG

PLEASE SPECIFY UNDER "QUANTITY" THE NUMBER OF APPLIANCES TO BE INSTALLED AND THEIR FUEL TYPE (GAS, OIL, ELECTRIC, ETC.)

QTY	FUEL TYPE	DESCRIPTION: Fees are for the installation or relocation to each mechanical appliance or other mechanical device(s). *Repair/Alteration/Addition to any of the follow	UNIT COST	OFFICE USE ONLY				
		Including installation of controls, shall be assessed a fee of \$14.00						
		Forced Air or Gravity Furnace	<table border="1"> <tr> <td>≤ 100,000 BTU's</td> <td>\$22.00</td> </tr> <tr> <td>> 100,000 BTU's</td> <td>\$28.00</td> </tr> </table>	≤ 100,000 BTU's	\$22.00	> 100,000 BTU's	\$28.00	
≤ 100,000 BTU's	\$22.00							
> 100,000 BTU's	\$28.00							
		Floor Furnace	\$22.00					
		Suspended Heater: <input type="checkbox"/> Wall Heater: <input type="checkbox"/> Floor Heater: <input type="checkbox"/>	\$21.00					
		Appliance Vent(s)	\$8.00					
		*Repair/Alteration/Addition to each appliance	\$14.00					
		Boiler/Compressor/Absorption System/Heat Pump	<table border="1"> <tr> <td>≤ 30HP or 1,000,000 BTU's</td> <td>\$51.00</td> </tr> <tr> <td>≥ 30 HP or 1,000,000 BTU's</td> <td>\$103.00</td> </tr> </table>	≤ 30HP or 1,000,000 BTU's	\$51.00	≥ 30 HP or 1,000,000 BTU's	\$103.00	
≤ 30HP or 1,000,000 BTU's	\$51.00							
≥ 30 HP or 1,000,000 BTU's	\$103.00							
		Air Handling Unit	<table border="1"> <tr> <td>≤ 10,000 CFM</td> <td>\$73.00</td> </tr> <tr> <td>≥ 10,000 CFM</td> <td>\$143.00</td> </tr> </table>	≤ 10,000 CFM	\$73.00	≥ 10,000 CFM	\$143.00	
≤ 10,000 CFM	\$73.00							
≥ 10,000 CFM	\$143.00							
		Evaporative Cooler	\$11.00					
		Vent Fan	\$8.00					
		Ventilation System	\$11.00					
		Exhaust Hood	\$11.00					
		Incinerator/Domestic	\$21.00					
		Incinerator/Commercial or Industrial	\$88.00					
		Clothes Dryer	\$11.00					
		Water Heater (Gas only)	\$11.00					
		Range	\$11.00					
		Fireplace/Insert (manual must be on-site)	\$11.00					
		Woodstove (manual must be on-site)	\$57.00					
		Gas Piping System	<table border="1"> <tr> <td>1- 5 Outlets</td> <td>\$5.00</td> </tr> <tr> <td>6 or more</td> <td>\$1.00</td> </tr> </table>	1- 5 Outlets	\$5.00	6 or more	\$1.00	
1- 5 Outlets	\$5.00							
6 or more	\$1.00							
		Other:						
1		GENERAL PERMIT FEE	\$39.00					
		TOTAL FEES						

PLUMBING PERMIT FEE WORKSHEET

1. Indicate on building plans fixtures being used
2. Identify fixtures and quantity being used on this worksheet
3. Show vent size and placement
4. Show drainage system size and placement
5. Provide service shut off
6. Location of hot water tank (**electric only**)
7. Vent hot water tank relief valve to exterior of building
8. Atmospheric vacuum breakers required on all hose bibs

HAVE YOU IDENTIFIED/SHOWN THESE ITEMS ON YOUR PLANS? THIS IS REQUIRED

QUANTITY	DESCRIPTION	FEES	OFFICE USE ONLY	OFFICE USE ONLY
	Water Closet (Toilet)	\$7.00	\$	2.5
	Bathtub	\$7.00	\$	4.0
	Lavatory (Wash Basin)	\$7.00	\$	1.0
	Shower	\$7.00	\$	2.0
	Sink and/or Disposal	\$7.00	\$	1.5
	Dishwasher	\$7.00	\$	1.5
	Laundry Tub/Sink/Tray	\$7.00	\$	2.0
	Clothes Washer	\$7.00	\$	4.0
	Urinal	\$7.00	\$	4.0
	Drinking Fountain	\$7.00	\$	0.5
	Floor Sink or Floor Drain	\$7.00	\$	
	Slop Sink	\$7.00	\$	3.0
	Sewer	\$16.00	\$	
	Grease Trap	\$7.00	\$	
	Install/Repair Drain and/or Vent Piping	\$7.00	\$	
	Hose Bibs	\$7.00	\$	
	Electric Water heater (If gas, use Mechanical Permit)	\$7.00	\$	
	Waste Interceptor	\$7.00	\$	
	Water Piping and/or Water Treating Equipment	\$7.00	\$	
	Gray Water System	\$46.00	\$	
	Rain Water System, per Drain Inside Building	\$7.00	\$	
	Hot Tub	\$7.00	\$	
	Lawn Sprinkler System	\$7.00	\$	1.0 (ea. Head)
	Medical Gas Piping	1 – 5 Outlets	\$57.00	\$
		Each Additional Outlet	\$5.00	\$
	Vacuum Breakers	1 – 5 Breakers	\$5.00	\$
		Additional Breakers	\$1.00	\$
	Backflow Preventer	2" or smaller	\$7.00	\$
		Over 2"	16.00	\$
1	PERMIT FEE		\$ 39.00	
	TOTAL FEES		\$	

**THIS FORM IS REQUIRED TO BE COMPLETED FOR ALL
TENANT IMPROVEMENTS AND/OR REMODELS
WASTE MANAGEMENT DECLARATION**

Complete this form and submit with the construction and/or demolition permit application packet.

Project Address: _____

Type of Structure: _____ Year Built: _____

Project Start date: _____ End date: _____

Property Owner: _____ Phone: _____

Contractor: _____ Phone: _____

Waste Transporter: _____ Phone: _____

STATE AND LOCAL LAWS REQUIRE WASTE GENERATORS DO THE FOLLOWING:

Identify hazardous wastes; Store wastes in proper containers; Dispose of wastes only at facilities permitted to receive such wastes; Dump no wastes, Bury no wastes; Burn no wastes; and Protect soil, water, and air from pollution.

The persons responsible for wastes generated on this project must:

1. Containerize wastes to prevent littering and pollution.
2. Dispose of wastes only at facilities approved by the local County Health Department.
3. Ensure that wastes are not dumped, buried, or burned.
4. **Identify the disposal or recycling facility location and contact information:**

<i>Waste Material Type</i>	<i>Estimated Quantity of Waste Type</i>	<i>Waste/Recycle Facility Name & Address</i>	<i>Facility Telephone # Call for instructions.</i>
Garbage, non-recyclables, waste soils			
Glued, Manufactured, Painted, Stained, or Treated Wood Waste			
Clean, Non-Treated Dimensional lumber			
Land Clearing Debris			
Concrete, Asphalt pavement, Glass			
Metals			
Roofing shingles			
Sheetrock			
Other wastes and recyclables...			Call Whatcom County Health Department @ 360-676-6724
Asbestos wastes			Call Northwest Clear Air Agency @ 360-428-1617
Hazardous Wastes: Pesticides Mercury Thermostats, Fluorescent Light tubes, PCB Light tube ballasts, Oil-based Paint wastes, Abandoned chemicals, etc.	_____ _____ _____ _____		Call Disposal of Toxics Program for details @ 360-380-4640

Sign below to indicate that you have read this form and commit to the following:

1. I certify that waste from this project will be managed in a manner consistent the laws of Washington State, Whatcom County, and this declaration.
2. I understand that if waste from this project is illegally dumped, buried, burned or littered, then the responsible owners, operators, handlers and transporters are subject to fines and/or prosecution.

Applicant Signature: _____

Date: _____

Applicant Name: _____

Phone: _____



OWNER CONSENT FORM

NOTE: TENANTS ARE NOT USUALLY OWNER OF PROPERTY

*****THE CITY CANNOT ACCEPT AN APPLICATION THAT IS NOT ACCOMPANIED BY THIS FORM*****

The legal property owner must complete this form. If you are a legal property owner authorizing an agent, contractor, and/or tenant/lessee to apply for permits and/or perform construction work on your behalf you, the owner, must also complete the "Designation of agent/Contractor/Tenant/Lessee" portion of this form.

STATEMENT OF OWNERSHIP

I/we, the undersigned property owners, under penalty of perjury, state that I/we am/are the legal owner(s) of the property described as follows: **(this information can be found at the Whatcom County Assessor's Office)**

Legal Description: _____ [attach additional sheet(s) as necessary]

Property Address: _____

Tax Assessor Parcel #: _____

DESIGNATION OF AGENT/CONTRACTOR/TENANT/LESEE

I/we hereby designate the following party to act as my/our agent with respect to this application submitted to the City of Ferndale.

Name of Designated Individual: _____

Role of Individual: *Perform Construction Submit Permit (Mark all that apply)

***If not a registered contractor, you must be able to meet exemptions per RCW 18.27.090**

LEGAL OWNER MUST READ AND SIGN

I UNDERSTAND THAT I AM CONSENTING TO ALLOW THE INDIVIDUAL DESIGNATED ABOVE TO APPLY FOR THIS PERMIT AND/OR PERFORM THE CONSTRUCTION WORK (IDENTIFIED BY THIS APPLICATION ONLY) ON THE SUBJECT PROPERTY. IN ADDITION, MY SIGNATURE BELOW ALLOWS CITY STAFF INVOLVED IN THIS APPLICATION TO ENTER ONTO AND INSPECT THE SUBJECT PROPERTY FOR THE SOLE PURPOSE OF MAKING ANY EXAMINATION OF THE PROPERTY, WHICH IS DEEMED NECESSARY BY STAFF TO PROCESS THIS APPLICATION AND PERFORM INSPECTIONS.

OWNER INFORMATION/SIGNATURE

Owner Name (print): _____

Mailing Address: _____

Telephone: _____

Does Owner intend to maintain "Ownership" for twelve months from date of "Final Occupancy":

YES *NO

*If you mark "No", you may be required to register as a General Contractor with the Washington State Department of Labor and Industries prior to submitting your building permit, per RCW 18.27.090(12).

I HAVE READ AND UNDERSTAND RCW 18.27.090 (EXEMPTIONS) AS IT APPLIES TO THIS PERMIT

OWNER SIGNATURE

DATE

USE THIS LIST TO ENSURE REQUIRED INFORMATION IS ON YOUR PLANS

SITE PLAN – 2 COPIES (DO NOT ATTACH TO BUILDING PLANS)	
ITEMS REQUIRED TO BE ON PLANS	
<input type="checkbox"/>	Map scale (1" = 10', 1" = 20" or larger) PLANS NOT TO SCALE WILL BE REJECTED
<input type="checkbox"/>	Site address, parcel number, legal description and North arrow.
<input type="checkbox"/>	Lot area, and proposed lot coverage area (all buildings, porches, decks, and other structures on the site.) Also express the lot coverage area as a percentage of the total site area (ex. 3,000 sq ft lot coverage on a 10,000 sq ft lot = 30% lot coverage).
<input type="checkbox"/>	Property lines, with corners and dimensions must be shown and labeled along with any easements (utilities, access, etc.) (NOTE: Roof overhang may extend to a maximum of 24" into a required building setback; however, NOT within any easement, unless approved by the Public Works department, or located within specific Planned Unit Developments (PUDs). Please see staff if you have a question.
<input type="checkbox"/>	Adjacent streets or alleys with street names shown and labeled.
<input type="checkbox"/>	Front, rear, and side building setback dimensions from property lines, measured from the nearest point of the structure to the property line. (Note: Porches and decks must meet the minimum setbacks for the zone.)
<input type="checkbox"/>	Location, dimensions, and square footage of all existing and proposed buildings. Make a clear distinction between existing and proposed structures. Roof overhangs (eave lines) and exterior building wall lines must be shown and labeled separately.
<input type="checkbox"/>	The use of each building must be identified.
<input type="checkbox"/>	The height of fences, decks, retaining walls, rockeries and other similar elements must be shown and labeled. (Note: Some of these items may require a separate building permit.)
<input type="checkbox"/>	Existing utilities on the site, including water, sewer, gas, or electrical lines, and any underground storage tanks or drain fields must be identified.
<input type="checkbox"/>	Proposed water, sewer, and storm drainage locations and where they will connect to the public system in the right of way, or otherwise flow off-site.
<input type="checkbox"/>	Location, dimensions, and surfacing materials of proposed driveway must be shown and labeled. Note: Driveways must be 12' wide and paved. Driveways longer than 50' must be paved for a minimum of 50'. Paved vehicular turn-around areas must be provided for parcels taking access from an arterial street. Turn-around area must be of sufficient size and design to accommodate a full-size vehicle so that it may maneuver easily and leave the site in a forward manner.
<input type="checkbox"/>	Any other paved areas such as patios, sidewalks, steps, etc. must be shown and labeled.
<input type="checkbox"/>	Slopes (existing or proposed) greater than 15%, including the location and quantities of any fill areas.
<input type="checkbox"/>	If applicable, critical areas on the site (streams, wetlands, slopes) and their buffers. (Note: If Critical Areas are determined to be on or adjacent to the site, additional information will be required in order to ensure the requirements of the City's Critical Areas Ordinance are met).
<input type="checkbox"/>	If applicable, accurate locations of Shoreline jurisdiction boundaries or Floodplain boundaries.
<input type="checkbox"/>	Any other information that the Community Development Department deems necessary for review of the application. (Check with staff prior to application).

Full vesting – Only when a complete building permit application for a structure to be used in a manner permitted under the land use regulations in effect on the date such application is submitted will the applicant be entitled to improve and use land under the ordinances of the City in effect on the date of the complete building application.

BUILDING PLANS (Two (2) Sets) - PLANS MUST BE ON 24" x 36" SHEETS OF PAPER

****USE THIS LIST TO ENSURE REQUIRED INFORMATION IS ON EACH TYPE OF PLAN****

COVER SHEET REQUIRED AND TO INCLUDE: CODE SUMMARY (CODE EDITION), BUILDING FEATURES, LIFE SAFETY SYSTEMS, IF APPLICABLE: OCCUPANT LOAD/EGRESS CAPCACITY CALCS, GROSS FLOOR AREA IN SQ. FT., TRAVEL DISTANCE, FIRE PROTECTION SYSTEMS EXISTING/TO BE INSTALLED, AND LOCATION AND TYPE OF FIRE EXTIGUISHERS. PROJECT NARRATIVE OR DESCRIPTION, SPECIAL INSPECTOR PLAN FOR THRESHOLD BUILDINGS.

ELEVATION PLAN – 2 Copies

ITEM (Map scale – 1/4" = 1'0" or 1/2" = 1'0")

- Elevation view of all sides of the structure (minimum 4 sides) with dimensions
- Building Height (measured from highest point of existing grade to highest point on the structure). Height shall be in conformance to zoning ordinance or application will not be accepted.
- Show exterior materials, roof pitches, grading, chimney termination and attic ventilation.

FOUNDATION PLAN & DETAILS (INCLUDE DECKS/PATIOS)- 2 Copies

ITEM (Map scale – 1/4" = 1'0" or 1/2" = 1'0")

- All footing, stem wall, pier sizes, and retaining walls.
- Size and placement of all reinforcement.
- Depth of footings below grade.
- Type and location of all anchorage hardware. **Include specific type of hold downs.**
- Identify method and amount of crawl space ventilation.
- Crawl space access location and opening size.
- Deck framing and/or concrete patio (Show location on foundation & floor plan).
- Provide sectional detail of foundation.

FLOOR PLANS FOR EACH LEVEL WHICH INDICATE: - 2 Copies

ITEM (Map scale – 1/4" = 1'0" or 1/2" = 1'0")

- Label use of all rooms, room sizes, and water closet clearance & shower dimensions.
- All header sizes and material. Provide design calculations for any header exceeding 6' in length.
- If applicable, show the 75% required High Efficacy Lighting
- All window and door sizes and type. Indicate all required emergency egress openings.
- Indicate the locations of all required smoke and carbon monoxide detectors.
- Indicate required safety glazing at all hazardous locations in accordance with R308.4.
- Location, type, and fuel source of all fuel burning appliances.
- Indicate the location and type of vehicle impact protection devices (such as bollards).
- Indicate the location and CFM of all required mechanical ventilation.
- Show location of all decks and/or concrete patios.
- All required fire separation details on the plan.

FLOOR FRAMING PLAN FOR EACH FLOOR – 2 Copies

ITEM (Map scale – 1/4" = 1'0" or 1/2" = 1'0")

- Floor joist size, spacing, species, grade, or manufacturer and series if engineered wood.
- All beam sizes on the plan (include design calculations if more than 6').
- Deck framing including ledger attachment, flashing detail, and specific hardware.
- Methods of support and all connecting hardware.

ROOF PLAN - 2 Copies

ITEM (Map scale – 1/4" = 1'0" or 1/2" = 1'0")

- Rafter size, spacing, species, grade, or manufacturer and series if engineered wood.
- Truss layout diagram and specification details for each truss (if applicable).
- All beam sizes on the plan (include design calculations).
- Layout of submitted roof trusses is required to match plan layout.
- Complete details of over-framing support and connections.
- Methods of support and all connecting hardware.
- All methods of uplift restraint indicate specific hardware to be used.

BUILDING PLANS (Two (2) Sets)

PLANS MUST BE ON 24" x 36" SHEETS OF PAPER

****USE THIS CHECKLIST TO ENSURE **REQUIRED** INFORMATION IS ON EACH TYPE OF PLAN****

BUILDING BRACING PLAN (Any approved method is allowed for each braced wall) – 2 Copies

ITEM (Map scale – 1/4" = 1'0" or 1/2" = 1'0")

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Methods and locations of all wall bracing: braced wall panels, alternate panel or narrow portal, continuously sheathed or engineered shear design. Include required interior braced wall lines. |
| <input type="checkbox"/> | All hold-down locations. Indicate the specific hardware, which is to be used. |
| <input type="checkbox"/> | Provide complete details, including standard exterior and interior, alternate, narrow portal, or engineered. |
| <input type="checkbox"/> | If the benefits of continuous sheathing provisions are to be used, provide the percentage of countable panels. |

CROSS SECTION DETAILED PLANS – 2 Copies

ITEM (Map scale – 1/4" = 1'0" or 1/2" = 1'0")

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Typical structural cross sections showing size of footing, thickness of foundation walls, type of basement floors, size of floor joists and spacing, size and spacing of studs, ceiling joists, rafters and spacing of same, headers over large openings, insulation, and type of size of sill and anchor bolts. Stairs; show rise and run, headroom, width, handrails, guardrails and landings. Sections will show interior and exterior finish, type of roofing, joist bearing and ceiling height.
Provide list of all required special inspections (Verify with Engineer of Record, if applicable, i.e., concrete, welding, etc.) |
|--------------------------|---|

IRC ENERGY CODE COMPLIANCE FORM - 2 Copies

WSEC Prescriptive Worksheet Energy Code Compliance for Zone 1 (**SFR/Duplex - International Residential Code only**)

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Completed Current Energy Code Form, which may be found on-line at: http://www.energy.wsu.edu/BuildingEfficiency/EnergyCode.aspx |
|--------------------------|--|

IBC NON- RESIDENTIAL GROUP ENERGY CODE COMPLIANCE

- | | |
|--------------------------|--|
| <input type="checkbox"/> | This Occupancy must comply with IBC & WSEC Non-Residential Energy Code for Commercial structures including Multi-Family. |
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ENGINEERING - 2 Copies

WE ARE UNABLE TO ACCEPT SINGLE-SIDED ENGINEERING REPORTS

- | | |
|--------------------------|--|
| <input type="checkbox"/> | 2 copies (1 wet-stamped double-sided) of structural engineering, where applicable |
|--------------------------|--|

NOTE: OTHER PLANS MAY BE REQUIRED – CHECK WITH APPLICABLE DEPARTMENTS

Full vesting – Only when a complete building permit application for a structure to be used in a manner permitted under the land use regulations in effect on the date such application is submitted will the applicant be entitled to improve and use land under the ordinances of the City in effect on the date of the complete building application.