



**COMMERCIAL  
TENANT  
IMPROVEMENT  
BUILDING PERMIT  
APPLICATION**  
510-B Pioneer Street/PO Box 608  
Ridgefield, WA 98642  
Tel: 360.887.3908  
Fax: 360.887.2507  
[www.ridgefieldwa.us](http://www.ridgefieldwa.us)

OFFICE USE ONLY

PERMIT NUMBER

**UPDATED VERSION 2026**

**CHANGE OF USE OR OCCUPANCY CLASSIFICATION?**

☐ Yes ☐ No

**PLEASE NOTE: UPDATED REVIEW AND REQUIREMENTS IN TABLES BELOW.**

**HAVE YOU SUBMITTED AND PAID THE SUBMITTAL FEE TO CLARK-COWLITZ FIRE RESCUE? (RECEIPT OF PAYMENT REQUIRED):** ☐ Yes ☐ No

**IS THIS A "NEW FIRST TENANT" WITHIN A NEW BUILDING SHELL?**

☐ Yes ☐ No

- If YES, complete the NEW FIRST TENANT IMPROVEMENT information below.
- If NO, complete the NEW TENANT IMPROVEMENT (OTHERS) information below.

**NEW FIRST TENANT IMPROVEMENT ONLY**

| <u>ADDITIONAL REVIEWS WITH THIS APPLICATION</u> | <u>REQUIREMENTS</u> | <u>INCLUDED WITH SUBMITTALS</u> |
|-------------------------------------------------|---------------------|---------------------------------|
| Plumbing                                        | REQUIRED            | <input type="checkbox"/> Yes    |
| Mechanical                                      | REQUIRED            | <input type="checkbox"/> Yes    |

**TENANT IMPROVEMENT (OTHERS)**

| <u>ADDITIONAL REVIEWS WITH THIS APPLICATION</u> | <u>ANY MODIFICATIONS?</u>                                | <u>REQUIREMENTS</u> | <u>INCLUDED WITH SUBMITTALS</u>                          |
|-------------------------------------------------|----------------------------------------------------------|---------------------|----------------------------------------------------------|
| Plumbing                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No | IF YES, REQUIRED    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Mechanical                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No | IF YES, REQUIRED    | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**EXPEDITED REVIEWS (1<sup>ST</sup> REVIEW 5 BUSINESS DAYS AFTER PLAN CHECK FEE PAID)**

EXPEDITED REVIEWS ARE AVAILABLE FOR NON-STRUCTURAL PERMITS AT AN ADDITIONAL FEE OF 25% OF THE BUILDING PERMIT FEE OR \$300.00, WHICHEVER IS GREATER AND MUST MEET THE FOLLOWING CRITERIA BY ANSWERING YES TO ALL QUESTIONS BELOW:

1. Is this a non-structural commercial tenant improvement which is nonbearing, not relating to the part of the structure? ☐ Yes ☐ No
2. Is this tenant improvement 5,000 square feet or less? ☐ Yes ☐ No
3. Do you wish to apply for an expedited review? ☐ Yes ☐ No

IF REPLY IS YES, FOR ALL CRITERIA ABOVE, PLEASE APPLY ONLINE FOR "COMMERCIAL TENANT IMPROVEMENT EXPEDITED". OTHERWISE, PLEASE CHOOSE "COMMERCIAL TENANT IMPROVEMENT" APPLICATION.

## A. CONTACT INFORMATION:

### APPLICANT:

☐ Check box if primary contact

Contact Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

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

Signature: \_\_\_\_\_

### PROPERTY OWNER:

☐ Check box if primary contact

Contact Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

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

Signature: \_\_\_\_\_

*(Signature or a letter of authorization from the owner required)*

### CONTRACTOR:

☐ Check box if primary contact

Contact Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

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

Contractor's License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

City Business License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## B. SITE INFORMATION:

**PROPERTY INFORMATION** – Please verify address & Suite # with City before applying at [permits@ridgefieldwa.us](mailto:permits@ridgefieldwa.us) as plans and documents shall include addressing information.

Site Address: \_\_\_\_\_ Suite #: \_\_\_\_\_ Parcel #: \_\_\_\_\_

Development Name: \_\_\_\_\_ Phase: \_\_\_\_\_ Lot #: \_\_\_\_\_

## C. BUILDING PERMIT INFORMATION

### **BUILDING INFORMATION**

Project Name: \_\_\_\_\_

General Description of Use: \_\_\_\_\_

Total Square Footage proposed for this Tenant Improvement: \_\_\_\_\_

1st Floor Square Footage: \_\_\_\_\_ 2nd Floor Square Footage: \_\_\_\_\_ 3rd Floor Square Footage: \_\_\_\_\_

Other Square Footage: \_\_\_\_\_ (Description) \_\_\_\_\_

If Change of Use or Occupancy is proposed: Provide current use information and or Occupancy classification pursuant to [2021 IBC Chapter 3 Occupancy Classifications](#)

Current Occupancy use or Classification(s) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Breakdown of proposed Occupancy Type & Construction Type

Occupancy Type: \_\_\_\_\_ Construction Type: \_\_\_\_\_ SF: \_\_\_\_\_

Occupancy Type: \_\_\_\_\_ Construction Type: \_\_\_\_\_ SF: \_\_\_\_\_

Occupancy Type: \_\_\_\_\_ Construction Type: \_\_\_\_\_ SF: \_\_\_\_\_

Value of Proposed Work: \_\_\_\_\_

Is this a Multi-Family Building:

☐ Yes ☐ No

- If yes, number of Units proposed: \_\_\_\_\_

**PLUMBING FIXTURES**☐ Check box if N/A

Please indicate quantity of each

|  |                                                      |
|--|------------------------------------------------------|
|  | Alternative Water                                    |
|  | Area Drain                                           |
|  | Aspirator                                            |
|  | Atmospheric Vacuum Breaker (additional over 5 units) |
|  | Atmospheric Vacuum Breaker(1-5 Units)                |
|  | Bar Sink                                             |
|  | Bath Tub                                             |
|  | Building or Trailer Park Sewer                       |
|  | Car Wash Sump Pump                                   |
|  | Cesspool (where Permitted)                           |
|  | Commercial Coffee Maker                              |
|  | Dental Lavatory                                      |
|  | Dishwasher                                           |
|  | Drain Field                                          |
|  | Drinking Fountain                                    |
|  | Floor Drain                                          |
|  | Floor Sink                                           |
|  | Foundation Drain                                     |
|  | Garbage Disposal Unit                                |
|  | Gas Piping System (Additional over 5 outlets)        |
|  | Gas Piping System 1-5 outlets                        |
|  | Glass Fill Station                                   |
|  | Glass Washer                                         |
|  | Grease Trap                                          |
|  | Hose Bibs                                            |
|  | Ice Machine                                          |
|  | Industrial Waste Pre-Treatment Interceptor           |
|  | Kitchen Sink                                         |
|  | Lavatory – Sink                                      |
|  | Miscellaneous Plumbing Equipment (covered by code)   |

|  |                                                   |
|--|---------------------------------------------------|
|  | Plumbing Fixture or Trap                          |
|  | Plumbing Fixture or Trap Repair Alteration        |
|  | Pressure Reducing Valve                           |
|  | Private Sewage Disposal System                    |
|  | Private Spa                                       |
|  | Private Swimming Pool                             |
|  | Processing Equipment Drain                        |
|  | Public Spa                                        |
|  | Public Swimming Pool                              |
|  | Rainwater System Per Drain (inside building)      |
|  | Refrigeration Drain                               |
|  | Roof Drain                                        |
|  | Service Sink                                      |
|  | Shower                                            |
|  | Sump Pump                                         |
|  | Swimming Pool over 5,000 gallons                  |
|  | Toilet – Water Closet                             |
|  | Trailer Trap                                      |
|  | Urinal                                            |
|  | Wash Tray                                         |
|  | Washing Machine – auto washer                     |
|  | Water Connection                                  |
|  | Water Heater                                      |
|  | Water Piping – Installation, Alteration or Repair |
|  | Water Softener                                    |
|  | X Ray Tank                                        |

**MECHANICAL FIXTURES**☐ Check box if N/A

Please indicate quantity of each

|  |                                                                         |
|--|-------------------------------------------------------------------------|
|  | Air Handler – Each unit over 10,000 cfm, including ducts                |
|  | Air Handler - Each unit up to 10,000 cfm, including ducts               |
|  | Appliance Ventilation                                                   |
|  | Boiler/Compressor 3-15 Horsepower                                       |
|  | Boiler/Compressor over 50 horsepower                                    |
|  | Boiler/Compressor to 15-30 Horsepower                                   |
|  | Boiler/Compressor to 3 Horsepower                                       |
|  | Boiler/Compressor to 30-50 Horsepower                                   |
|  | Cooling Unit                                                            |
|  | Ducts                                                                   |
|  | Each Ventilation Hood served by mechanical exhaust                      |
|  | Each Ventilation System                                                 |
|  | Evaporative Cooler                                                      |
|  | Furnace - Over 100,000 btu                                              |
|  | Furnace - Up to and including 100,000 btu                               |
|  | Furnace Floor (includes vent)                                           |
|  | Furnace Install/Relocate Floor, Wall or Suspended                       |
|  | Gas Piping System (Additional over 5 outlets)                           |
|  | Gas Piping System 1-5 outlets                                           |
|  | Heat Pump/Air Conditioning 0 - 3 Tons                                   |
|  | Heat Pump/Air Conditioning 15-30 Tons                                   |
|  | Heat Pump/Air Conditioning 30-50 Tons                                   |
|  | Heat Pump/Air Conditioning 3-15 Tons                                    |
|  | Heat Pump/Air Conditioning 50 Tons                                      |
|  | Incinerator - Installation or relocation of commercial                  |
|  | Incinerator - Installation or relocation of residential                 |
|  | Miscellaneous Mechanical Equipment (covered by code)                    |
|  | Repairs, alterations or addition to appliance, refrigeration unit etc.. |
|  | Ventilation Fan connected to a single duct                              |
|  | Water Heater                                                            |
|  | Wood/Pellet/Gas Stove - free standing                                   |
|  | Wood/Pellet/Gas Stove Insert                                            |

**Utilities:**☐ Public Water/meter size \_\_\_\_\_ ☐ Private Well☐ Public Sewer ☐ Septic SystemType of Heat: ☐ Electric ☐ Gas ☐ Other: \_\_\_\_\_

It shall be the responsibility of the applicant to apply for any necessary concurrent reviews and payment of associated fees from the following agencies:

1. Clark Cowlitz Fire Rescue
2. Clark Regional Wastewater District or via phone number 360-750-5876. CRWWD is the purveyor of public sewer for the City of Ridgefield. Sewer ERU fees are paid directly to that agency.
3. Public Health | Clark County
4. Clark Public Utilities

SUBMITTAL INFORMATION:

- Copy of payment receipt from Clark-Cowlitz Fire Rescue review submittal
- **See the Commercial Building Checklist for plans criteria and Documents Required**

**PRIOR TO BUILDING PERMIT ISSUANCE ACKNOWLEDGEMENT CONFIRMATION**

☐ I confirm that I am aware this permit cannot be issued until Clark-Cowlitz Fire Rescue (CCFR) approves their separate review for this proposal. It is the applicants responsibility to coordinate directly with CCFR on their review and to upload a copy of their Approval Letter to the permit via the city [permit portal](#)

Contact Information:  
[firemarshal@clarkfr.org](mailto:firemarshal@clarkfr.org)  
CRR Division @ 360-887-1684

**FEES:** Plan check fees must be paid prior to review. Payment can be paid via permit portal or make check payable to City of Ridgefield. There may be additional fees related to outside consultant reviews. These fees will be applied to the permit with payment due at the time of permit issuance or Certificate of Occupancy.

*By affixing my signature hereto, I certify under perjury under penalty of perjury that the information furnished herein is true and correct to the best of my knowledge and that I am the owner of the premises where the work is to be performed or am acting as the owner's authorized agent. I further agree to hold harmless the City as to any claim (including costs, expenses and attorney's fees incurred in investigation of such claim) which may be made by any person, including the undersigned, an filed against the City, but only where such claim arises out of the reliance of the City, including its officers and employees, upon the accuracy of the information provided to the City as a part of this application. The building official may, in writing, suspend or revoke a permit issued under the provisions of this code whenever a permit is issued in error or on the basis of incorrect information supplied, or in violation of any ordinance or regulation or any of the provisions of this code.*

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Signature of Owner/Authorized Agent

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Date

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Print Owner's or Authorized Agent's Name



**COMMERCIAL BUILDING  
CHECKLIST**

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Tel: (360)887-3908

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***\*2021 Building Codes Effective March 15, 2024\****

**REQUIREMENTS FOR A COMMERCIAL BUILDING PERMIT**

Drawings and specifications shall comply with the following codes:

- ☐ 2021 International Building Code
- ☐ 2021 Uniform Plumbing Code
- ☐ 2021 International Fire Code
- ☐ 2021 International Fuel Gas Code
- ☐ 2021 Washington State Energy Code
- ☐ 2021 International Mechanical Code
- ☐ 2017 ICCA117.1 Accessible and Usable Buildings & Facilities Code

**\*DESIGN REQUIREMENT – MUST LEAVE 4" OF SPACE ON RIGHT SIDE OF EACH SHEET TO ALLOW FOR CITY STAMPS\***

Coversheet for construction documents shall include:

- ☐ Project identification
  - Project address, legal description, location map, and real estate ID number (tax parcel number)
  - All design professionals identified, including addresses and telephone numbers
  - Identification of the person who is responsible for project coordination. (All communications should be directed through this individual.)
- ☐ Design criteria
  - Occupancy group / Occupancy load
  - Type construction
  - Seismic zone
  - Square footage and /or allowable area to include exterior covered areas/entryways etc...
  - Fire sprinkler requirements
  - Height and number of stories

- Occupant load
- Land use zone
- Parking requirements required/provided
- Allowed soil-bearing pressure
- Design loads (roof, floor, wind, codes, seismic zones and factors)
- Material strengths
- Soils report
- Landscaping requirements

**Construction documents shall include the following information, where applicable:**

☐ Site Plan (Submit separately under Site Plan Layout) If Approved Site Plan exists, please provide a copy.

- Location of the new structure and any existing buildings or structures
- All property lines with dimensions
- All streets, easements and setbacks
- All water, sewer, hydrants, and electrical points of connection
- Proposed service routes
- Existing utilities
- Required parking, drainage, and grading design
- North arrow and drawing scale
- Existing and proposed grades

☐ Foundation Plan

All foundations and footings, including sizes, locations, reinforcing, and imbedded anchor bolts, hold-downs, and post bases.

☐ Floor Plan (Include interior suite layouts, if applicable)

- All floors including basements
- All rooms and their use
- Overall dimensions and locations of all structural elements and openings
- All doors and windows
- Door, window, and hardware schedules
- All fire assemblies, area and occupancy separations and draft stops
- Smoke and heat detectors

☐ Framing Plans - Roof Framing Plans

All structural members, their size, methods of attachment, location and materials, roof drainage and location of roof-mounted equipment.

☐ Exterior Elevations

- All views
- All openings
- All lateral bracing systems where applicable
- Signs and attachments

☐ Building Sections and Wall Sections

- All materials of construction
- All non-rated and fire-rated assemblies and fire-rated penetrations
- All vertical dimensions

☐ Interior Elevations

- All ADA required equipment installations with vertical height clearances shown
- Re-lights, sill heights, elevator operation panels, etc., which are subject to code requirements

☐ Mechanical System (Submit separately under Mechanical Plans)

- Entire mechanical system
- All units, their sizes, mounting details, all duct work and duct sizes
- All fire dampers where required
- Equipment schedules
- Energy conservation calculations per state of Washington
- Indoor air quality standards including radon mitigation systems
- Fire protection systems

☐ Plumbing System (Submit separately under Plumbing Plans)

- All fixtures, piping, slopes, materials and sizes
- Connection points to utilities, septic tanks, pretreatment sewer systems and water wells

☐ Specifications

- Provide either on the drawings or in booklet form
- Further define construction components, covering:
  - Construction components, including materials and methods of construction
  - Wall finishes

- Pertinent equipment
- Schedules (may be incorporated in project manual in lieu of drawings)
- Planting Requirements

☐ Addenda and Changes

It shall be the responsibility of the individual identified on the cover sheet as the principal design professional to notify the building official of any and all changes throughout the project and provide revised plans, calculations, or other appropriate documents prior to actual construction.

☐ Revisions

For clarity, all revisions should be clouded on the drawings or resubmitted as a new set of plans and should identify the engineer or architect of record.

**SUBMITTAL DOCUMENTS**

- **ALL documents and plans to be PDF Format and Unprotected**
- **ALL submittals must be labeled to match the submittal number and name as listed below i.e., 1 Application, 2 Checklist etc...**

- ☐ 1. Application
- ☐ 2. Commercial Review Checklist
- ☐ 3. Written narrative of proposed project
- ☐ 4. Clark Cowlitz Fire Rescue Review proof of submittal and payment
- ☐ 5. Building Plans as described on previous sheet "Construction Documents shall include..."
- ☐ 6. Architectural Elevations Plan sheets to include color Renderings for New Commercial Structures and Tenant Improvements if changes to exterior elevations are proposed.
- ☐ 7. Mechanical Plans, as described on previous sheet.
- ☐ 8. Plumbing Plans, as described on previous sheet.
- ☐ 9. Site Plan Layout for New Commercial Structures, as described on separate sheet or copy of Approved Site Plan
- ☐ 10. Interior Suite Layout for multiple tenant buildings
- ☐ 11. Geotechnical Report for New Commercial Structures
- ☐ 12. Truss Calculations and Layout for New Commercial Structures
- ☐ 13. Structural Calculations
- ☐ 14. 2021 WA State Energy Code Compliance Forms
- ☐ 15. Traffic Impact Analysis or Traffic Generation Letter from Washington State licensed Traffic Engineer (unless permit is for "Shell Only")
- ☐ 16. Retaining Wall Plans, only when required for building structure
- ☐ 17. Trash Enclosure Plans, only when proposed with New Commercial Building or Addition
- ☐ 18. Fence Plans, if applicable pursuant to [RMC Chapter 18.740 - Fences and Walls](#)
- ☐ 19. Additional Information
- ☐ 20. Clark Regional Wastewater District Proof of Submittal for Review or "Review N/A"



## Commercial and Non-Prescriptive Residential Structural Design Information

*The information in this handout only applies to structures not conforming to the prescriptive criteria set forth in the 2021 International Building Code.*

*All commercial occupancies will be required to be designed by a Washington State Professional Engineer.*

### Loading Requirements:

#### Ridgefield/ Wind Speed per 2021 IBC Criteria:

- I.  $V_{asd} = 105$  mph (3 second gust); applicable only to methods in exceptions I through 5,, section 1609.1.1.
2.  $V_{ult} = 135$  mph (3 second gust) for Risk Cat. II; use 125 mph for Risk Cat. I; use 140 mph for Risk Cat. III & IV.
3. Exposure B, or as required per 1609.4.

Soil: Type ML - 1500 psf Bearing or geo-tech required

Frost Depth: 12"

Minimum roof snow load: 25 psf

Minimum roof load: non reducible

Ground snow: 30 psf (drift calculations as required)

All other loading per the 2021 International Building Code and as adopted by Washington State and City of Ridgefield Codes.

### Seismic Design:

Spectral response data can be found on this web site: [earthquake.usgs.gov/hazards/design\\_maps](http://earthquake.usgs.gov/hazards/design_maps)

Use values of two percent probability of exceedance. Otherwise, use the following design information based on specific zip codes within the county:

MCE Ground Motion - Conterminous 48 States

Zip Code - 98642

Central Latitude= 45.802723

Central Longitude= -122.709722

Period, MCE  $S_a$

(sec) ( $\frac{3}{4}g$ )

0.2, 0.882 MCE Value of  $S_s$ , Site Class B

1.0, 0.320 MCE Value of  $S_1$ , Site Class B

Spectral Parameters for Site Class D:

0.2, 1.01,  $S_a = F_a S_s$ ,  $F_a = 1.147$

1.0, 0.564,  $S_a = F_v S_1$ ,  $F_v = 1.761$