

BUILDING PERMIT APPLICATION

PERMIT NO. _____

ISSUE DATE _____

TOWN OF WINTHROP
P.O. BOX 459
WINTHROP, WA 98862
(509) 996-2320

EXPIRATION DATE _____

THREE SITE PLANS, TWO SETS OF BUILDING PLANS, AND ANY APPLICABLE WASHINGTON STATE ENERGY CODE (WSEC-C, WSEC-R, ETC) FORMS ARE REQUIRED WITH THIS APPLICATION. BE SURE THAT YOU ARE INFORMED ON SUBDIVISION, ZONING AND ALL OTHER LAND USE REGULATIONS BEFORE APPLYING FOR A BUILDING PERMIT. NO CONSTRUCTION SHALL PROCEED BEFORE A PERMIT IS ISSUED. (SEE WMC 17.36.100.B)

BUILDING PERMITS ARE VALID FOR SIX (6) MONTHS FROM THE DATE OF ISSUE. THIS APPLIES TO THE ATTACHED CLEAR AND CONCISE CONSTRUCTION DRAWINGS AND TO THE SITE PLAN OF THE STATED PROJECT. THE PERMIT MAY BE EXTENDED AN ADDITIONAL SIX (6) MONTHS BY SUBMITTING A REQUEST, IN WRITING, TO THE TOWN OF WINTHROP BUILDING DEPARTMENT, PROVIDING THAT NO CHANGES ARE MADE TO THE PROJECT'S CONSTRUCTION DRAWINGS OR SITE PLAN. CHANGES TO THE PROJECT'S CONSTRUCTION DRAWINGS AND/OR SITE PLAN MAY REQUIRE A NEW PERMIT AND MUST BE APPROVED BY THE TOWN OF WINTHROP.

PROPERTY OWNER

CONTRACTOR

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

TOWN: _____

TOWN: _____

PHONE: _____

PHONE: _____

EMAIL: _____

LICENSE #: _____

IF OWNER CONSTRUCTED, HAVE YOU READ THE CONTRACTOR LICENSE REQUIREMENTS?

NO _____ YES _____ PLEASE SITE R.C.W. 18.27 EXEMPTION NUMBER _____

LOCATION: STREET ADDRESS: _____

TAX PARCEL # (available on property tax statement) _____

SUBDIVISION _____ LOT _____ BLOCK _____ LOT SIZE _____ ZONE _____

PROJECT TYPE: RESIDENTIAL _____ NON-RESIDENTIAL _____ CANNABIS FACILITY _____

OCCUPANCY GROUP (s): ASSEMBLY _____ BUSINESS _____ EDUCATIONAL _____

INDUSTRIAL _____ INSTITUTIONAL _____ MERCANTILE _____ RESIDENTIAL _____ STORAGE _____

UTILITY/MISC _____

CLASS OF WORK (MARK ALL THAT APPLY) : NEW _____ ACCESSORY STRUCTURE _____
ADDITION _____ DECK _____ DEMOLITION _____ FENCE (7' +) / RETAINING WALL (4' +) _____
FIRE SPRINKLER/ALARM SYSTEM _____ FOUNDATION _____ MECHANICAL _____
MOBILE/MFD HOME _____ MODULAR/FND _____ MOVE _____ NIGHTLY RENTAL _____ PATIO
COVER _____ PLUMBING _____ POOL _____ REMODEL _____ RENEWAL OF PERMIT _____
REROOF (STRUCTURAL) _____ REPAIR _____ SOLAR _____ STORAGE _____ STOVE _____ YURT _____
OTHER (please specify) _____

PROPERTY USE: SINGLE OR TWO FAMILY RESIDENTIAL _____ COMMERCIAL _____
MULTI FAMILY RESIDENTIAL (THREE OR MORE) _____ INDUSTRIAL _____ GOVT _____
OTHER (please specify) _____

INTENDED USE: _____

DIRECTIONS TO BUILDING SITE: _____

BUILDING DIVISION:

TYPE OF STRUCTURE: WOOD _____ METAL _____ MASONRY/CONCRETE _____ STRAW BALE _____
PRE-MANUFACTURED _____ OTHER (please specify) _____

BUILDING DIMENSIONS FOR NEW CONSTRUCTION: (ALL FLOORS INCLUDING BASEMENT)

_____	X	_____	=	_____	SQ. FT. BASEMENT
_____	X	_____	=	_____	SQ. FT. 1ST FLOOR
_____	X	_____	=	_____	SQ. FT. 2ND FLOOR
_____	X	_____	=	_____	SQ. FT. (OTHER _____)
					_____ = TOTAL SQ. FEET

(IF TOTAL IS UNDER 200 SQ FT, MAY ONLY REQUIRE SHORELINE EXEMPTION AND/OR WESTERNIZATION APPROVALS)

HEIGHT _____ (MAX 30') NO. OF STORIES _____ EST PROJECT COST \$ _____

PROPOSED SETBACKS FROM PROPERTY LINE: (SEE TOWN CODE FOR SETBACK REQ'S)

FRONT _____ SIDE _____ REAR _____

IF MOBILE HOME: NAME OF INSTALLER AND CERTIFICATION NUMBER: _____

ADDRESS _____ PHONE _____

YEAR/MAKE/MANUFACTURER _____

DIMENSIONS _____ X _____ LABOR & INDUSTRIES TAG NO. _____

NAME OF COURT OR PARK _____

ADDITIONAL PERMIT INFORMATION:

THE FOLLOWING ARE POSSIBLE APPLICATIONS THAT MIGHT BE NEEDED BEFORE YOUR BUILDING PERMIT CAN BE APPROVED AND ISSUED.

WESTERNIZATION STATUS:

IS YOUR PROJECT IN A BUSINESS OR MULTIPLE USE DISTRICT OF THE TOWN? (SEE WMC 15.08 WESTERNIZATION)

NO _____ YES _____

YES - CHECK ONE: ZONES B-I _____ B-II _____ B-III _____
TOURIST RESIDENTIAL _____ PUBLIC USE _____

IF THE PROJECT AFFECTS THE EXTERIOR APPEARANCE OF THE BUILDING IN ANY WAY OR IT IS A NEW CONSTRUCTION IT WILL REQUIRE A WESTERNIZATION APPLICATION. THE REVIEW PERIOD FOR WESTERNIZATION IS UP TO 30 DAYS.

A CURRENT BUSINESS LICENSE FOR ANY BUSINESS WITHIN THE TOWN OF WINTHROP MUST BE OBTAINED BEFORE THE WESTERNIZATION DESIGN REVIEW BOARD CAN REVIEW ANY PROJECT.

WATER & SEWER:

DOES THE PROJECT SITE HAVE EXISTING TOWN WATER OR SEWER HOOKUP?

NO _____ YES _____

YES - REVIEW OF THE BUILDING PERMIT APPLICATION WILL DETERMINE IF THERE WILL BE A HIGHER WATER USE WHICH MAY REQUIRE APPLYING FOR MORE WATER/SEWER ERU'S (EQUIVALENT RESIDENTIAL UNIT).

NO - WATER AND SEWER SERVICE APPLICATIONS MUST BE APPLIED FOR. BUILDING PERMITS CAN BE ISSUED BEFORE APPROVAL OF THESE APPLICATIONS, AT THE DISCRETION OF THE UTILITIES MANAGER, WITH THE UNDERSTANDING THAT IT IS NOT A GUARANTEE OF APPROVAL OF WATER AND SEWER SERVICES.

NO CERTIFICATE OF OCCUPANCY CAN BE ISSUED UNTIL WATER AND SEWER SERVICES ARE APPLIED FOR AND INSTALLED. THE REVIEW PERIOD FOR ANY WATER AND SEWER

SERVICE APPLICATION CAN TAKE UP TO 14 DAYS, PROVIDED A COMPLETE APPLICATION IS SUBMITTED.

PLANNING:

IS THE PROJECT LOCATED IN THE FLOODPLAIN? NO_____ YES_____

-WITHIN 200' OF SHORELINE? NO_____ YES_____ SHORELINE SETBACK _____

-WITHIN 100' OF KNOWN OR SUSPECTED CRITICAL AREA? YES_____ NO_____

-REQUIRES MORE THAN 100 CUBIC YARDS OF EXCAVATION OR FILL? YES_____ NO_____

YES - IF THE PROJECT IS IN THE FLOODPLAIN AND WITHIN 200' OF THE SHORELINE OR REQUIRES MORE THAN 100 CUBIC YARDS OF EXCAVATION OR FILL, IT WILL REQUIRE ONE OR ALL OF THE FOLLOWING PERMITS: SUBSTANTIAL DEVELOPMENT, CONDITIONAL USE OR VARIANCE PERMIT, CRITICAL AREAS PROJECT APPROVAL, LAND USE PERMIT AND/OR SEPA CHECKLIST. THE REVIEW PERIOD FOR ANY OF THESE PERMIT APPLICATION CAN TAKE UP TO 75 DAYS. (ATTACHED IS A COPY OF POSSIBLE TIME FRAMES IT WILL TAKE TO REVIEW THE ABOVE APPLICATIONS).

NO - LANDFILL OR EXCAVATION OVER 100 CUBIC YARDS, BUILDINGS OVER 4,000 SQUARE FEET, AND OR PARKING LOTS OVER 40 STALLS MAY TRIGGER ANY OF THE ABOVE MENTIONED PERMIT APPLICATIONS.

NOTE: THESE ARE NOT THE ONLY SITUATIONS THAT CAN TRIGGER THE ABOVE MENTIONED PERMIT APPLICATIONS. THIS WILL BE DETERMINED IN THE BUILDING PERMIT REVIEW PROCESS BY OUR TOWN PLANNER.

WASHINGTON STATE ENERGY (WSEC) CODE COMPLIANCE

WASHINGTON STATE REQUIRES THAT NEW RESIDENTIAL AND COMMERCIAL BUILDINGS, ALTERATIONS AND REMODELS MEET CERTAIN CRITERIA, TO INCLUDE ADDING SET NUMBERS OF CREDITS. (WAC 51-11R, WAC 51-11C) IT IS THE OWNERS RESPONSIBILITY TO ENSURE THAT THESE CRITERIA ARE MET AND THAT THE APPROPRIATE FORMS ARE COMPLETED AND SUBMITTED FOR PLANS REVIEW, AS WELL AS HAVING COPIES AVAILABLE ON SITE FOR REVIEW DURING INSPECTIONS. FORMS AND COMPLIANCE TOOLS ARE AVAILABLE AT <https://www.waenergycodes.com/wsec-documents.php>
<https://www.waenergycodes.com/index.php>

DEMOLITION

DEMOLITION PERMITS MUST BE ACCOMPANIED BY WRITTEN DEMOLITION AND FIRE PLANS AS PER IFC 3303.1.1. MAINTAIN DEMOLITION PLAN, FIRE PLAN, AND ANY NECESSARY HAZARDOUS MATERIALS WARNINGS ON SITE. UPON COMPLETION, AN AS-BUILT MAP OF WATER, SEWER, AND ELECTRICITY METER WILL BE SUBMITTED TO THE TOWN WITH COPIES OF DUMP SLIPS TO CONFIRM PROPER DISPOSAL OF DEMOLISHED MATERIALS.

TYPE OF STRUCTURE:_____ WHAT YEAR WAS THE STRUCTURE BUILT? _____

HAVE WATER AND SEWER CONNECTIONS BEEN SECURELY CAPPED PRIOR TO DEMOLITION?

NO _____ YES _____

HAVE YOU HAD AN AHERC-CERTIFIED OR OTHER ENGINEERING SURVEY COMPLETED TO ASSESS EXISTENCE OF ANY HAZARDOUS MATERIALS (ASBESTOS, LEAD, ETC)?

NO _____ YES _____

WAS ANY SUCH MATERIAL IDENTIFIED ON SITE?

NO _____ YES _____

YES - IN ADDITION TO THE PREVIOUSLY LISTED REQUIREMENTS, FOLLOW ALL LNI, DEPARTMENT OF ECOLOGY, AND EPA REQUIREMENTS FOR ANY AND ALL HAZARDOUS MATERIALS IDENTIFIED. SUBMIT VERIFICATION FROM AGENCIES TO TOWN. CERTAIN HAZARDOUS MATERIALS DO REQUIRE APPROPRIATE CERTIFICATION OF MATERIALS HANDLERS.

NO - COMPLETE THE AFOREMENTIONED REQUIREMENTS.

RECEIPT AND SIGNING OF DEMOLITION PERMITS CONFIRM A BINDING AGREEMENT TO NOT BURY OR BURN ANY WASTE FROM DEMOLITION AND TO LEVEL THE AREA SO AS TO AVOID ANY POTENTIAL DANGER OF PONDING AND/OR CREATION OF AN ATTRACTIVE NUISANCE.

THIS FACILITY IS OPERATED IN ACCORDANCE WITH U.S. DEPARTMENT OF AGRICULTURE POLICY, WHICH PROHIBITS DISCRIMINATION ON THE BASIS OF RACE, COLOR, SEX, AGE, HANDICAP, RELIGION, OR NATIONAL ORIGIN. ANY PERSON WHO BELIEVES HE OR SHE HAS BEEN DISCRIMINATED AGAINST IN ANY USDA-RELATED ACTIVITY SHOULD WRITE TO:

UNDER SECRETARY
RURAL DEVELOPMENT
WASHINGTON, D.C. 20250

I HEREBY APPLY FOR A PERMIT TO DO THE WORK INDICATED ABOVE AND ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND THAT I HAVE ACCURATELY IDENTIFIED AND DEPICTED PROPERTY LINES AND BUILDING LOCATIONS. I HAVE SUBMITTED THREE SITE PLANS AND TWO SETS OF BUILDING PLANS WITH THIS APPLICATION.

NAME (PRINT)

DATE

SIGNATURE

DATE APPLICATION RECEIVED BY TOWN OF WINTHROP: _____

DATE APPLICATION REVIEW COMPLETED: _____

*****FOR DEPARTMENTAL USE ONLY*****

FEES

BUILDING PERMIT: APPLICATION FORM MUST BE COMPLETED \$ _____
BEFORE PERMIT CAN BE PROCESSED

PLAN CHECK: THREE SITE PLANS, TWO SETS OF BUILDING PLANS, \$ _____
AND COMPLETED ENERGY COMPLIANCE FORMS REQUIRED

MECHANICAL PERMIT: \$ _____

PLUMBING PERMIT: \$ _____

STATE FEE: BUILDING CODE FEE \$ _____

MISC FEE: _____ \$ _____

RECEIPT NO. _____ **TOTAL FEES:** \$ _____

REVIEW AND APPROVALS

PLANNING:

SETBACKS MET: NO _____ YES _____ ALLOWED ZONING USE: NO _____ YES _____

PARKING REQUIREMENTS MET: NO _____ YES _____ ACTION TAKEN (if no): _____

ZONING VARIANCE: NO _____ YES _____ FILE # (if yes): _____

CONDITIONAL USE: NO _____ YES _____ FILE # (if yes): _____

CRITICAL AREAS: NO _____ YES _____ FILE # (if yes): _____

WITHIN 200' OF SHORELINE: NO _____ YES _____ FILE # (if yes): _____

SEPA APPLIES: NO _____ YES _____ ACTION TAKEN (if yes): _____

IN FLOODPLAIN: NO _____ YES _____ FILE # (if yes): _____

DOE CONSTRUCTION STORMWATER PERMIT APPLICATION REQUIRED: NO _____ YES _____

OTHER: NO _____ YES _____ TYPE _____ FILE # (if yes) _____

OTHER PLANNER COMMENTS: _____

PLANNING DEPT. - _____ DATE - _____

DEPUTY CLERK:

BUSINESS LICENSE REQUIRED/OBTAINED FOR CONTRACTOR: NO _____ YES _____

LICENSE NUMBER _____

BUSINESS LICENSE REQUIRED/OBTAINED IF BUSINESS: NO _____ YES _____

LICENSE NUMBER _____ COMMENTS: _____

DEPUTY CLERK - _____ DATE - _____

COMMENTS: _____

WESTERNIZATION:

WESTERNIZATION APPROVAL NEEDED: NO _____ YES _____ FILE # (if yes) _____

COMMENTS: _____

WESTERNIZATION ADMIN. - _____ DATE - _____

MARSHAL'S OFFICE:

TOWN MARSHAL - _____ DATE - _____

TOWN CLERK:

CLERK/TREASURER - _____ DATE - _____

STREET DEPARTMENT:

HIGHWAY INGRESS/EGRESS (ORD #421): NO _____ YES _____ PERMIT # (if yes) _____

STREET CROSSING REQUIRED: NO _____ YES _____ ACTION TAKEN (if yes) _____

COMMENTS: _____

STREET DEPT. - _____ DATE - _____

FIRE CODE OFFICIAL:

FIRE FLOW ADEQUATE: NO _____ YES _____ ACTION TAKEN (if no): _____

HYDRANT REQUIREMENTS MET: NO _____ YES _____ ACTION TAKEN (if no): _____

COMMENTS: _____

FIRE CODE OFFICIAL - _____ DATE - _____

WATER DEPARTMENT:

WATER ERU'S ADEQUATE FOR PROJECT: NO _____ YES _____ COMMENTS: _____

WATER PERMIT NEEDED: NO _____ YES _____ PERMIT # (if yes) _____

COMMENTS: _____

WATER DEPT. - _____ DATE - _____

SEWER DEPARTMENT:

SEWER ERU'S ADEQUATE FOR PROJECT: NO _____ YES _____ COMMENTS: _____

SEWER PERMIT NEEDED: NO _____ YES _____ PERMIT # (if yes) _____

COMMENTS: _____

SEWER DEPT. - _____ DATE - _____

BUILDING INSPECTOR/PLANS REVIEWER:

ALL PLANS/BUILDINGS MUST MEET IBC, IRC, UMC, UPC, UFC and WSEC
REQUIREMENTS. ALL OTHER APPROVALS MUST BE OBTAINED BEFORE SIGNING.

CONTRACTOR REGISTRATION COMPLETE: YES _____ NO _____

OCCUPANCY GROUP(S): _____

COMMENTS: _____

BUILDING INSP. - _____ DATE - _____