



COMMERCIAL BUILDING PERMIT APPLICATION

All Commercial Business

Chelan County Department of Community Development

316 Washington St, Suite 301 • Wenatchee • WA 98801

509-667-6225 • Fax 509-667-6475

Applicable Code: County UGA _____

Staff Initials: _____ Date Received: _____ Permit No. _____

Parcel Number (APN): _____		Lot size: _____ (acres)
Parcel Address: _____		City: _____
Submit Copy of the Recorded Deed (<input type="checkbox"/> Attached)	Abbreviated Legal: _____	

PROPERTY OWNER(S): _____

Mailing Address: _____

City/State/Zip: _____ Phone: _____

E-mail: _____

APPLICANT: _____

Company Name: _____ Address: _____

City/State/Zip: _____ Phone: _____

E-mail: _____ License No. _____

APPLICATION FOR:

Commercial Bldg. New Addition _____ Alteration _____

Tenant Improvement/Remodel _____

Multi-Family Bldg. New Addition _____ Alteration _____

Change of Use/Proposed Occupancy _____

Other (describe): _____

Fire Repair/Replacement of _____ Destruction Date: _____

If addition to building is proposed, please identify existing footprint and square footage of structure(s): _____

DETAILED DESCRIPTION OF PROJECT/USE:

IBC BUILDING CONSTRUCTION TYPE:

Type IA Type IIA Type IIIA Type IV Type VA

Type IB Type IIB Type IIIB Type VB

Use or Occupancy Type(s): _____

IBC SPRINKLER SUBSTITUTIONS:

Area Increase Story Increase One-Hour Construction

Unlimited Areas Height Increase Other _____

PROPOSED STRUCTURE DETAILS:

Proposed Footprint Dimensions: _____

Building Height: _____ ft., **Must show existing/proposed grade for all 4 elevation views**

Number of Stories: _____	Deck: _____ sq. ft.
Basement: _____ sq. ft.	Covered Porches/Patios _____ sq. ft.
Main (1 st) Floor: _____ sq. ft.	Mezzanine: _____ sq. ft.
2 nd Floor: _____ sq. ft.	Storage: _____ sq. ft.
3rd Floor: _____ sq. ft.	Other: _____ sq. ft.
4 th Floor: _____ sq. ft.	Retaining Wall(s) (length and height): _____

ADDITIONAL DETAILS:

For existing structure(s), describe exiting use and occupancy: _____

Existing Bathrooms _____	Proposed Bathrooms _____
Existing Retail Space _____ sq. ft.	Proposed Retail Space _____ sq. ft.
Existing Office Space _____ sq. ft.	Proposed Office Space _____ sq. ft.
No. of Existing Employees _____	Proposed No. of Employees _____
New/Change Mechanical? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Existing Impervious Surface _____ sq. ft.	Proposed Impervious Surface _____ sq. ft. <i>Refer to section 14.98.020</i>
Total Impervious Surface _____ sq. ft.	
Will Proposal Affect Existing Parking or Access? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Existing Off-Street Parking: _____	Proposed Off-Street Parking _____
Any New Landscape Proposed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If Restaurant Use:</i>	
Existing # of Seating _____	Proposed # of Seating _____

PLEASE COMPLETE THE FOLLOWING QUESTIONS:

1. List all existing structures on the property, the year constructed, and the Building Permit Number (if applicable):

 Label and Identify on site plan.
2. What is the current use of the property?
3. Please identify legal access to the subject property and list auditor's file number(s) (AFN) if applicable:
4. List or 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:

 Label and identify on site plan.
5. *Is the property within 200 feet of a river, stream, wetland, drainage way, other water body? Yes 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? Yes 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 Community Development.*

Septic Permit #: _____ Sewer District: _____ Water Source: _____
 (A final septic inspection must be approved by the Chelan-Douglas Health District prior to certificate of occupancy.)

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. (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: _____

⤵ FOR OFFICIAL USE ONLY ⤵

Submittal Fees Paid:\$	Check #:	Receipt #:	Date Paid:
Final Fees Paid:\$	Check #:	Receipt #:	Date Paid:
Permit Center Approval: Date:	Bldg. Approval: Date:	Fire Approval: Date:	Public Works Approval: Date:
Zoning:	Flood Plain/Floodway:		
Comments:			

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

SITE PLAN CHECKLIST

- 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 under ground, 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 1-888-663-8121 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, drainfield, reserve area and tight line involving the proposed structure(s). Show the distance from proposed structure(s) to septic tank, drainfield, 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/drainfield is off site, please show the location of these systems on the on adjacent property (ies) 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: _____

CHELAN COUNTY COMMERCIAL FEE SCHEDULE

Construction Value (Contractor Price: Labor and Materials, Exclude Earthwork) \$ _____

Plan Check Fee - Permit Center:	\$ _____
Environmental Checklist (SEPA):	\$ _____
Landscape Plan Review:	\$ _____
Plan Check Fee - Building:	\$ _____
GIS Permit Tracking/Archiving/Digitizing Plan Surcharge:	\$25.00
Archiving Fee (plans over 11 x 17 inches):	_____ x \$4/pg. = \$ _____
After-the-Fact Fee - Building:	\$ _____
After-the-Fact Fee - Permit Center:	\$ _____

FEES COLLECTED AT SUBMITTAL OF PERMIT: \$ _____

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 Bldg. Code Council Fee:	\$4.50
Plumbing Fee:	\$ _____
Mechanical Fee:	\$ _____
Additional Plan Check Fee - Permit Center:	\$ _____
Additional Plan Check Fee - Building:	\$ _____
After-the-Fact Fee - Building:	\$ _____

FINAL FEES COLLECTED AT ISSUANCE OF PERMIT: \$ _____



SUBMITTAL CHECKLIST, COMMERCIAL BUILDING PERMIT

All Commercial Business

Complete applications will be accepted between 8:00 AM and 4:00 PM

THIS IS NOT A REVIEW. APPLICATIONS FOR BUILDING PERMITS WILL NOT BE ACCEPTED UNLESS THE FOLLOWING ITEMS ARE SUPPLIED WITH YOUR APPLICATION FOR A PERMIT.

APPLICANT SUBMITTAL ITEMS			STAFF VERIFICATION/COMMENTS
	YES	N/A	
1.	<input type="checkbox"/>	<input type="checkbox"/>	Completed Application <input type="checkbox"/> Previous Building Permits/Status? <input type="checkbox"/> Have Easements Been Disclosed?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> BP #'s: _____ <input type="checkbox"/> yes <input type="checkbox"/> no
2.	<input type="checkbox"/>	<input type="checkbox"/>	Deed/Legal Description (attached) <input type="checkbox"/> Legal Lot of Record
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no, Date Created: _____
3.	<input type="checkbox"/>	<input type="checkbox"/>	Copy of Legal Access Attached? (<i>Circle type of Access, below</i>) County, State, Primitive County Rd., Private, Access Easement, Forest Srvc. Driveway Permit (attached)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> yes <input type="checkbox"/> no, AFN #: _____ Road Name _____ ROW Width: _____ Road Name _____ ROW Width: _____ Road Name _____ ROW Width: _____ <input type="checkbox"/> yes <input type="checkbox"/> no, Notice to Title Submitted for Primitive Road? <input type="checkbox"/> yes/no
4.	<input type="checkbox"/>	<input type="checkbox"/>	Zoning: County or Urban Growth Area (<i>Check with staff for setbacks, zoning, and critical area restrictions</i>) Have Subdivision Notes/Conditions of Approval been Achieved? <i>Refer to respective files.</i>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> County, <input type="checkbox"/> UGA Name: _____ <input type="checkbox"/> yes <input type="checkbox"/> no, Additional requirements? _____ <input type="checkbox"/> yes <input type="checkbox"/> no, Notes/Conditions of Approval: _____ Violation: <input type="checkbox"/> Yes <input type="checkbox"/> No, File No. _____
5.	<input type="checkbox"/>	<input type="checkbox"/>	CRITICAL AREAS/REPORTS: Airport Overlay District: Aquifer Recharge Area: Geologic Site Assessment: Wetland: Shoreline or Stream: Flood Plain: Floodway: Habitat:
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> yes/no <input type="checkbox"/> Conical <input type="checkbox"/> Horizontal <input type="checkbox"/> Notice to Title <input type="checkbox"/> yes/no <input type="checkbox"/> Form Submitted? <input type="checkbox"/> yes/no <input type="checkbox"/> Original Submitted? <input type="checkbox"/> yes/no <input type="checkbox"/> Delineation Submitted? <input type="checkbox"/> yes/no Name: _____ Height Restriction: <input type="checkbox"/> yes/no <input type="checkbox"/> yes/no <input type="checkbox"/> FEMA map attached (from back) <input type="checkbox"/> yes/no <input type="checkbox"/> yes/no, type DFW referral req'd: <input type="checkbox"/> yes <input type="checkbox"/> no
6.	<input type="checkbox"/>	<input type="checkbox"/>	SEPA (Environmental Checklist) Landscape Traffic Impact Study Storm water Drainage Plan Parking: extg _____, proposed _____ # of Proposed Employees:
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> yes/no <input type="checkbox"/> yes/no <input type="checkbox"/> yes/no <input type="checkbox"/> yes/no <input type="checkbox"/> yes/no, existing _____, proposed _____ <input type="checkbox"/> yes/no, existing _____, proposed _____
7.	<input type="checkbox"/>	<input type="checkbox"/>	BUILDING PLANS DRAWN TO ARCHITECT/ ENGINEER SCALE Foundation Plan Floor Plan (each floor level) Floor Framing (each floor & decks) Roof Framing Plan Engineering (Original stamp required) (<i>verify design criteria w/ Building Dept.</i>) Mechanical/Plumbing Cross Section Elevation Drawings (<i>draw all 4 sides</i>) <input type="checkbox"/> Existing Elevation Shown? <input type="checkbox"/> Proposed Elevation Shown? Elevation of Building Site: _____ Energy Code Form Heat Loss Calculations Fire Sprinklers Required?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> yes <input type="checkbox"/> no Engineer/Architect Scale <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no, designed for wind, snow, seismic, and frost? <input type="checkbox"/> yes/no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no, snow load: _____, Finished grade <input type="checkbox"/> yes <input type="checkbox"/> no Existing grade <input type="checkbox"/> yes <input type="checkbox"/> no Building height _____ Shoreline height: _____ <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no, will submit at framing inspection: <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no
8.	<input type="checkbox"/>	<input type="checkbox"/>	Copy of Contractor's License
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> yes <input type="checkbox"/> n/a
9.	<input type="checkbox"/>	<input type="checkbox"/>	Vicinity Map
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> yes <input type="checkbox"/> no
10.	<input type="checkbox"/>	<input type="checkbox"/>	Site Plan (<i>see site plan requirements</i>)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> # of req'd parking spaces: _____ On site plan? <input type="checkbox"/> yes <input type="checkbox"/> n/a
11.	<input type="checkbox"/>	<input type="checkbox"/>	Submittal Fees Paid
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> yes <input type="checkbox"/> no
BUILDING PERMITS WILL NOT BE ISSUED UNTIL VERIFICATION OF WATER/SEWER/SEPTIC HAS BEEN RECEIVED.			
12.	<input type="checkbox"/>	<input type="checkbox"/>	Water Availability
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> yes <input type="checkbox"/> n/a
13.	<input type="checkbox"/>	<input type="checkbox"/>	Sewer Availability/Septic Permit
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> yes <input type="checkbox"/> n/a

YOUR APPLICATION WILL BE REVIEWED FOR ZONING, SETBACKS, AND BUILDING PLAN COMPLIANCE. YOU WILL BE NOTIFIED ONCE YOUR APPLICATION IS READY FOR PICK-UP/ISSUANCE.