

BUILDING APPLICATION INTAKE FORM

_____ Staff Intake Initials _____ Date
BP# _____

This checklist is for new construction, additions, detached garages and shops. The proposed construction shall be presented in detail on the plans. The minimum size paper to draw on shall be 11" x 17". The minimum scale to draw the plans shall be ¼" per 1'. See Format & Design Standards for more information.

- Completed and Signed Building Permit Application
- Site / Plot Plan scaled:
 - Legal description
 - Address
 - Lot size dimensions
 - Location on lot with distances to lot lines
 - Other Structure locations and distances to
 - Sewer line location
 - Water line location
 - Driveway location
 - Storm water location
 - All easement locations
- Critical Areas Checklist
Attached
- Plans prepared by a Professional Architect or Engineer, must be stamped and signed.
- Stamped & Signed structural calculations.
- Elevations of all four directions
 - Roof Pitch
 - Height of structure from grade
- Stormwater
 - Drywell calculations
 - Alternative drainage
 - Engineered drainage
 - Rain Garden Location
- Footing / Foundation Plan
- Floor Framing Plan

- Floor Plan
Door, window opening dimensions & egress
Room identification
Plumbing Fixture location
Mechanical Fixture location
Heating / Cooling Equipment location
Smoke & Carbon Monoxide location

- Building Wall Section Detail

- Roof Framing Plan

- Energy Code Compliance:
Residential Worksheet
Glazing Schedule
Energy Credit Selected
Heating system sizing worksheet

- Fees: included but not limited to
Plan Review
Building Permit
GFC's – water & sewer
Transportation Impact
Park Impact

Address: 152 W. Cedar St.
 Phone: (360) 683-4908
 Fax: (360) 681-0552
 Website: www.sequimwa.gov



Project Details

Address _____ Geographic ID No.(Parc. #) _____

Legal Description _____

Project Description in detail _____

- New Construction
 Addition
 Remodel/Repair/Replace
 Reroof
 Fire Alarm/Sprinkler
 Demolition
 Relocation
 Tenant Improvement
 Sign Installation
 Fire Suppression System

Property Owner Information

Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone No _____ E-mail _____

Proposed Construction

Stories _____ Units _____
 Bed _____ Bath _____
 1st Floor _____ sq. ft.
 2nd Floor _____ sq. ft.
 Attached
 Garage _____ sq. ft. Detached
 Attached
 Carport _____ sq. ft. Detached
 Covered
 Porch/Deck _____ sq. ft. Uncovered
 Finished
 Basement _____ sq. ft. Unfinished

Contractor Information

Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone No _____ E-mail _____
 City Business License No. _____
 State License No. _____ Expiration Date _____

Value for Work & Materials \$ _____

Plumbing Fixtures	Toilet _____	Kitchen Sink _____	Mechanical Fixtures	Air Condition Unit _____	Wall Heater _____	Utility Connections	New Water Services
	Shower _____	Dishwasher _____		Air Handling Unit _____	Unit Heater _____		<input type="checkbox"/> City <input type="checkbox"/> PUD #1
	Bathtub _____	Grease Trap _____		Ventilation Fan _____	HVAC _____		<input type="checkbox"/> Private Well
	Sink _____	Sewer _____		Heat Pump System _____	Range _____		<input type="checkbox"/> Community Well
	Urinal _____	Slop Sink _____		Ductless Heat Pump System _____	Hood _____		New Sewer Services
	Water Heater _____	Clothes Washer _____		Fireplace/Stove _____	Clothes _____		<input type="checkbox"/> City
	Water Fountain _____	Lawn Sprinkler System _____		Propane Tank _____ (No. of gallons) _____	Dryer _____		<input type="checkbox"/> Private Septic
				Type of heat is proposed _____	<input type="checkbox"/> Propane <input type="checkbox"/> Wood		<input type="checkbox"/> Community Septic
							City Water Meters
							Potable
				<input type="checkbox"/> 3/8" <input type="checkbox"/> 1" <input type="checkbox"/> 1 1/2" <input type="checkbox"/> 2"			
				Irrigation Ditch/City			
				<input type="checkbox"/> 3/8" <input type="checkbox"/> 1" <input type="checkbox"/> 1 1/2" <input type="checkbox"/> 2"			

I hereby certify that the information provided is correct, that I am either the owner or authorized to act on behalf of the owner and that all activities associated with this permit will be in accordance with State Laws and the City of Sequim Municipal Code.

All sales tax paid to the State Dept. of Revenue on labor and materials used for construction within the Sequim City limits are to be reported under Location Code #0503.

By signing below, I agree to the applicable utility charges which will begin in 6 months or on the date of final inspection, whichever comes first

Owner/Agent Signature _____ Date _____

Office Use Only

Project Information

Approval: _____ Date _____ Value \$ _____ Current Zoning _____
 (Ann Hall, Building Official)

Approval: _____ Date _____ Occupancy Type _____ Occupancy Load _____
 (Planner)

Approval: _____ Date _____ Water ERUs _____ Sewer ERUs _____
 (Engineer)

Approval: _____ Date _____ Construction Type _____ Drywell _____
 (Doug Bridges, Water Operator/Cross Connection Control Specialist) cubic yards

Setbacks _____
 Front _____ Side _____ Side _____ Rear _____

\$50.00 “STOCK PLAN” REVIEWS FOR PREVIOUSLY REVIEWED & APPROVED HOUSE PLANS

GOAL: Review and issue Building Permit for house plans which meet the following criteria within 1 week of application submittal:

Identical (including garage and porch/deck, not “flipped”) plans for a home built in the same subdivision under current building code version have been previously reviewed & approved by Sequim Department of Community Development.

TEAM: Gary D., Dave N., Doug B., Ann H., Alisa H., Kathie Anne

APPLICANT MUST SUBMIT:

1. New Building Permit application with “Same House Plan As [Insert Address]” written on top of application
2. New site plan
3. Previously approved house plan drawings listed below, with both the previous address and proposed new address on all pages:
 - Footing – foundation plan
 - Floor plan
 - Floor frame plan
 - Wall sections
 - Roof frame plan
 - Eng. Structural details w/ Eng. Calculations
 - Energy calculations
4. Applicable fees

PROCESS

- KAS/AH** Intake application; assign Building Permit number with the suffix “-SP”, notify team to review ASAP – within 1 week of submittal date.
- GD, DB, DN, EAH** Review address file with comments &/or Vision MS up-date. Physically sign back of BP application form indicating approval. Last to sign gives to Alisa or Kathie Anne.
- KAS/AH** Notify applicant. Applicant pays remaining fees. Issue permit.