

**BUILDING APPLICATION INTAKE FORM
MANUFACTURED HOME**

Staff Intake Initials _____ Date _____
BP# _____

This checklist is for manufactured homes. Minimum drawing size 11" X 17". Minimum scale 1" per 10' for site plan, 1/4" per 1' for structural plans. Submit application and supporting documents to BuildingDept@SequimWA.gov, or by mail to address above, or place in utility payment box at south entrance of building.

- Completed and Signed Building Permit Application
- Manufactured Home Installer's Certificate
- Site/Plot Plan
 - If the site is not flat, show the topography
 - 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 & parking pad location(s)
 - Stormwater location (i.e., downspouts, drywells, infiltration trenches, etc.)
 - All easement/street locations
 - Propane tank location, size, and distance to structures and lot line
 - Location of critical areas (if applicable)
- Footing/Foundation Plan
- Floor Plan
 - Year/Make/Model of manufactured home
 - Room identification
- Fees: may include, but not limited to:
 - Manufactured home fee
 - Site plan review
 - GFCs – water & sewer
 - Transportation impact
 - Park impact



152 W Cedar Street
 phone 360-683-4908
 fax 360-681-0552
www.sequimwa.gov

PROJECT LOCATION & DETAILS

Address _____ Geographic ID No. (Parcel #) _____
 Legal Description _____
 Project Description _____

Accessory Dwelling Unit Addition Change of Use	Demolition Fire Alarm/Sprinkler Fire Suppression	New Construction Propane/Appliance Remodel/Replace/Repair	Sign Installation Tenant Improvement Wood/Pellet Stove
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APPLICANT

Applicant Type: Agent Architect Contractor Designer Engineer Owner Tenant Other _____
 Name _____
 Address _____
 City _____ State _____ ZIP _____
 Phone _____ Email _____

PROPERTY OWNER

Name _____
 Address _____
 City _____ State _____ ZIP _____
 Phone _____ Email _____

CONTRACTOR

Name _____
 Address _____
 City _____ State _____ ZIP _____
 Phone _____ Email _____
 State Business License No. _____ Exp. Date _____
 City Business License (UBI) No. _____ Exp. Date _____

PROPOSED CONSTRUCTION

Stories _____	Units _____		
Bedrooms _____	Bathrooms _____		
1st Floor sq. ft. _____	2nd Floor sq. ft. _____		
Garage sq. ft. _____	Attached	Detached	
Carport sq. ft. _____	Attached	Detached	Labor Cost \$ _____
Porch/deck sq. ft. _____	Covered	Uncovered	Materials Cost \$ _____
Basement sq. ft. _____	Heated	Unheated	Total Cost \$ _____

CONSTRUCTION FINANCING LENDER

Name _____
 Address _____
 City _____ State _____ ZIP _____
 Phone _____ Email _____

Project Address _____
Permit No. _____

Utility Connections	New Water Service				
	City	PUD #1			
	Private Well	Community Well			
	City Water Meter for Domestic	5/8"	1"	1-1/2"	2"
	Irrigation System?	Yes	No		
	If so, water supply from:	City	Ditch		
	If City, on separate meter?	Yes	No		
	If Yes, what size?	5/8"	1"	1-1/2"	2"
	If private or community well, is property located in Dungeness Water Rule area? Yes No (If yes, provide Mitigation Certificate from Washington Water Trust)				
	New Sewer Service City Private Septic Community Septic				

Plumbing Fixtures	Quantity		Quantity		
	Bathtub		Shower		
	Clothes Washer		Sink		
	Dishwasher		Toilet		
	Grease Trap		Urinal		
	Irrigation System		Water Fountain		
	Sewer		Water Heater		
	Mechanical Fixtures	Air Handling Unit		Heat Pump	
		Clothes Dryer		Range Hood	
		Commercial HVAC Unit		Ventilation Fan	
Ductless Heat Pump			Wall / Unit Heater		
Fireplace/Stove/Range			Propane	Wood	
Propane Tank			(No. of Gallons)		
Type of Heat					

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 with 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

Building Approval: _____ Date _____
 Planning Approval: _____ Date _____
 Engineering Approval: _____ Date _____
 Cross Connection Control Approval: _____ Date _____