

Building, Planning and Engineering Dept.
 Sedro-Woolley Municipal Building
 325 Metcalf Street
 Sedro-Woolley, WA 98284
 Phone (360) 855-0771
 Fax (360) 855-0733

COMMERCIAL BUILDING PERMIT APPLICATION A-1

Date Stamp

APPLICATION No. _____

All Commercial Building Permit applications must be accompanied by four (4) copies of the documents listed below. Failure to attach all the required submittal documents will result in an incomplete application and will not be accepted by City staff. Commercial projects 4,000 sq. ft. or large must be drawn by a registered architect or design professional. A Plan Review Fee is required to be paid prior to beginning plan review. Plan review fees are 65% of the building permit fee as calculated by the methods set forth in the 1997 edition of the Uniform Building Code.

THIS PAGE TO BE COMPLETED BY CITY STAFF AT THE TIME OF APPLICATION

Received	Required Submittals
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- 1 Completed Application Signed by Applicant
- 2 Four (4): Scaled construction drawings showing the following elements along with their dimensions:
 - (a) Typical Foundation Plan
 - (b) Typical Floor Plan
 - (c) Typical Cross Section
 - (d) Typical Elevation Drawing
 - (d) Sprinkler Plans (When required. May be submitted on a deferred basis as approved by the Building Official and/or Fire Chief)

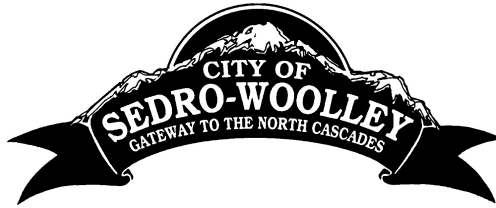
IMPORTANT! Be sure to clearly identify the occupancy type, construction type and square footage of all new construction, tenant improvements additions or remodel work.
- 3 Three (3): Scaled conceptual site plan showing the following elements along with their dimensions:
 - (a) proposed new building or addition;
 - (b) existing structures, utilities, easements and right-of-ways;
 - (c) existing and proposed street access;
 - (d) parking area(s);

IMPORTANT! Items (a)-(d) above must be **clearly marked** or the application cannot be accepted.
- 4 Plan Review and Critical Areas Checklist Fee Paid

Application Accepted? YES / NO City Official _____ Date: _____

If not accepted, list corrections required to make the application complete:

Correction Description	Correction approved	Date Received



COMMERCIAL BUILDING PERMIT APPLICATION

SECTION I – PROPERTY AND BUILDING INFORMATION

Fill out completely. Attach legal descriptions and supporting documents as necessary. Please be sure to complete Sections II-III. Failure to complete all sections will result in an incomplete application and will not be accepted by City staff.

APPLICANT/CONTACT	OWNER (if different from applicant)	CONTRACTOR
Name: _____ Address _____ City: _____ Zip Code: _____ Day Phone: _____ Cell Phone: _____ Fax: _____ <input type="checkbox"/> Primary Contact:	Name: _____ Address _____ City: _____ Zip Code: _____ Day Phone: _____ Cell Phone: _____ Fax: _____ <input type="checkbox"/> Primary Contact:	Company: _____ Contact: _____ Address: _____ City: _____ Zip: _____ Day Phone: _____ Cell: _____ Fax: _____ Contractor #: _____ Expiration Date: _____ City License # _____

PROJECT SITE IDENTIFICATION	
Site Address: _____	Parcel I.D. #: _____

NEW CONSTRUCTION	REMODEL	TENANT IMPROVEMENT
Project Description: _____ Occupancy Type/Use: _____/_____ Construction Type: _____/_____ Square Feet : _____ Project Value : \$ _____ Heated? Y / N Sprinklers? Y / N	Proposed Use: _____ Previous Use: _____ Bldg Square Feet: _____ Project Value: \$ _____ Currently Sprinkled? Y / N Heated? Y / N Other bldgs within 30 ft? YES / NO Year of Building? _____ Asbestos Survey Required? YES/NO	Project Description: _____ Occupancy Type/Use: _____/_____ Construction Type: _____/_____ Square Feet: _____ Uses Adjacent to this Space: _____ Project Value : \$ _____ Currently Sprinkled? Y / N Heated? Y / N

PROJECT SITE INFORMATION	GRADING	NEW IMPERVIOUS SURFACES
Current zoning: _____ Are there any existing structures on the property? Yes/No Will it be necessary to clear any trees or vegetation for this project? Yes/No Do you own adjoining pieces of land? Yes/No Is the property within 200 ft of a creek, ditch, surface water, steep slope or wet area? If Yes, describe. _____	Cuts _____cy Fill _____cy Total _____cy	Bldg _____sq. ft. Drive/Parking _____sq. ft. Sidewalk(s) _____sq. ft. Other _____sq. ft. Total Impervious _____sq. ft.
Total lot coverage including proposed project: _____sq. ft.		

SECTION II - MECHANICAL AND PLUMBING INFORMATION

Fill out completely. Mechanical/Plumbing plans must show the location and size of fixtures, equipment, sized fuel gas piping, medical gas piping/fixtures, ducts, shut offs, return air, exhaust fans, supply and drainage piping, valves, cleanouts, floor drains, vent risers, grease traps, commercial range hoods, extinguishing systems, duct and shaft construction and roof terminations.

MECHANICAL INFORMATION	
Equipment/Fixtures	Quantity
Furnace(s) <input type="checkbox"/> Gas <input type="checkbox"/> Electric (Btu/h: _____)	X _____
Boiler(s) <input type="checkbox"/> Gas <input type="checkbox"/> Electric (hp: _____)	X _____
Air Handler(s) (cfm: _____)	X _____
Ventilation Fan(s)	X _____
Appliance Vent (s)	X _____
Commercial Hood fire suppression system	X _____
Other:	X _____
Other:	X _____
Other:	X _____
Other:	X _____
Other:	X _____

PLUMBING INFORMATION	
Fixtures	Quantity
Hot water Heater <input type="checkbox"/> Gas <input type="checkbox"/> Electric	X _____
Bathroom Sinks	X _____
Toilets	X _____
Kitchen Sink(s)	X _____
Utility Sink(s)	X _____
Floor Drain(s)	X _____
Grease Trap(s)	X _____
Fuel Piping (number of fixtures)	X _____
Exterior Water Faucet(s)	X _____
Other:	X _____
Other:	X _____
Other:	X _____
Other:	X _____
Other:	X _____
Other:	X _____

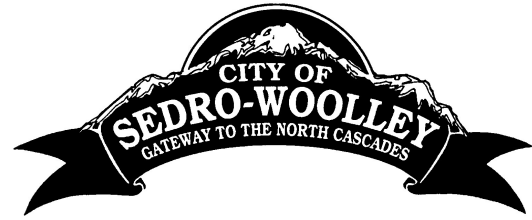
\$498 per EFU-See Fee Schedule attached-New fixtures

SECTION III - SIGNATURE

Complete for this application. Failure to sign the permit application will result in an incomplete application.

Application is hereby COMMERCIAL BUILDING PERMIT. I certify that I am familiar with the information contained in this application and that to the best of my knowledge and belief such information is true, complete, and accurate. I further certify that I possess the authority to undertake the proposed activities. I hereby grant to the officials of the City of Sedro-Woolley the right to enter the above-described property to inspect the property as part of the permit application review and approval process and/or the proposed or completed work.

Signature (Required): _____ **Date:** _____



GENERAL PERMIT APPLICATION REQUIREMENTS

The following are minimum City Permit Application requirements. Individual projects may have additional submittal requirements. **All plans must be drawn to a scale that dimensions can be verified during plan review.**

REQUIRED:

1. Site Address
2. Owner's Address
3. Name of the builder, architect or engineers name
4. A copy of the contractors Department of Labor and Industries License certification card
5. Legal Description of project site
6. Property I.D. Number (access the Skagit County Assessor's website or look on your property tax statement)
7. Signed copy of Permit Application
8. Signed copy of the Permit Application Policies
9. Site Plan (3 copies)
10. Building Plans (3 copies)
11. City of Sedro-Woolley Business License. This can be obtained at City Hall.
12. Certificate of Water Availability from Skagit PUD (For all commercial buildings and residential buildings with three (3) or more dwelling units)

Additional Submittals That May Be Required:

1. Access Permit
2. Right-of-Way Permit
3. Clear and Grade Permit
4. Sewer Connection Plans/Permit
5. Environmental Checklist
6. Archaeological Site Review
7. Temporary or Permanent Stormwater Control Plan

COMMERCIAL GENERAL FACILITY CHARGE WORKSHEET

(SWMC 13.16.035 Table 1)

Project: _____ Permit #: _____

Prepared by: _____

Commercial General Facility Charge: \$498 per Fixture Unit (FU)			
Fixture Type	FU	No. of Fixtures	Total FU
Bathtubs	2		
Bidets	2		
Clothes washers, private	2		
Clothes washers, public	6		
Dental Units or cuspidors	1		
Drinking fountains	1		
Floor Drains	2		
Interceptors for grease, oil, solids, etc.	3		
Interceptors for sand, autowash, etc.	6		
Laundry tubs	2		
Receptors (floor sinks), indirect waste receptors for refrigerators, water stations, etc.	1		
Receptors, indirect waste receptors for commercial sinks, dishwashers, air-washers etc.	3		
Showers, single stalls	2		
Showers, gang (per head)	1		
Sinks and/or dishwashers (residential) (2" min. waste)	2		
Sinks, bar, commercial	2		
Sinks, bar, private	1		
Sinks, commercial or industrial, schools, etc., including dishwashers, wash up sinks and wash fountains	3		
Sinks, flushing rim, clinic	6		
Sinks, service	3		
Sinks, service (3" trap)	6		
Urinals, pedestal, trap arm only	6		
Urinals, stall, separate trap	2		
Urinals, wall-mounted, blowout, integral trap 2" trap arm only	3		
Urinals, wall-mounted, blowout, integral trap 3" trap arm only	6		
Urinals, wall-mounted, washdown or siphon jet, integral trap, trap arm only	2		
Urinals, wall-mounted, washdown, separate trap (2" min. waste)	2		
Wash basins in sets	2		
Wash basins, (lavatories) single	1		
Water closet, private installation	4		
Water closet, public installation	6		
Total FUs:			
			Total Charge
Total FUs: _____	X	\$498 =	

Updated 6-1-08