

Sedro-Woolley Building Department
Sedro-Woolley Municipal Building
325 Metcalf Street
Sedro-Woolley, WA 98284
Phone (360) 855-0771
Fax (360) 855-0733

COMMERCIAL BUILDING PERMIT APPLICATION

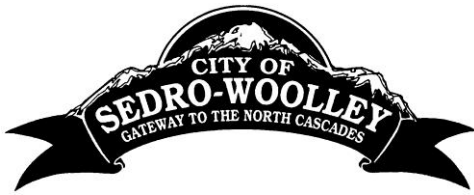
APPLICATION No. _____

All Commercial Building Permit applications must be accompanied by three (3) 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 2015 edition of the International Building Code.

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

Received	Required Submittals
1 <input type="checkbox"/>	Completed Application Signed by Applicant
2 <input type="checkbox"/>	Three (3): Scaled construction drawings showing the following elements along with their dimensions: <input type="checkbox"/> (a) Typical Foundation Plan <input type="checkbox"/> (b) Typical Floor Plan <input type="checkbox"/> (c) Typical Cross Section <input type="checkbox"/> (d) Typical Elevation Drawing <input type="checkbox"/> (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 <input type="checkbox"/>	Three (3): Scaled site plans showing the following elements along with their dimensions (not required if no expansion of footprint or other site work): <input type="checkbox"/> (a) property boundaries & setbacks; <input type="checkbox"/> (b) proposed new building or addition; <input type="checkbox"/> (c) existing structures, easements, parking areas, driveways & right-of-ways; <input type="checkbox"/> (d) existing & proposed new utility lines such as sewer, water, gas, & power; <input type="checkbox"/> (e) proposed access points, driveways, parking areas & other impervious surfaces; <input type="checkbox"/> (f) existing significant trees, creeks, slopes, wetlands, etc; and <input type="checkbox"/> (g) amount (square feet) of existing & proposed impervious surfaces IMPORTANT! Items (a)-(g) above must be clearly marked or the application cannot be accepted.
4 <input type="checkbox"/>	Plan Review and Critical Areas Checklist Fee Paid
<input type="checkbox"/>	Asbestos survey for modifications of existing structures built prior to 1980.

Application accepted by: _____ **Date:** _____



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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.

Who should we contact with any questions about this application? Applicant Owner Contractor

APPLICANT/CONTACT	OWNER (if different from applicant)	CONTRACTOR
Name: _____ Address: _____ City: _____ Zip Code: _____ Day Phone: _____ Cell Phone: _____ email: _____	Name: _____ Address: _____ City: _____ Zip Code: _____ Day Phone: _____ Cell Phone: _____ email: _____	Company: _____ Contact: _____ Address: _____ City: _____ Zip: _____ Day Phone: _____ Cell: _____ WA St. Registration Expiration: _____ Registration#: _____ City License Endorsement: <input type="checkbox"/> Yes <input type="checkbox"/> No

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 buildings 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	Building _____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-INSPECTIONS

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-INSPECTIONS	
Equipment/Fixtures	Quantity
Mechanical Permit Fee	\$25.00
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 _____
Other:	X _____
Other:	X _____

PLUMBING INFORMATION-INSPECTIONS	
Fixtures	Quantity
Plumbing Permit Fee	\$25.00
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 _____

\$291 per EFU-See Fee Schedule attached-New fixtures

******All food & drink businesses will require grease traps or interceptors per SWMC section 13.24.130***Call 360-856-1100 for more information. ******

*****All debris from demolition must be disposed of through the City's Solid Waste Dept. Call 360 855-0929 for delivery of waste containers. *****

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:** _____

COMMERCIAL GENERAL FACILITY CHARGE WORKSHEET

(SWMC 13.16.035 Table 1)

Permit #: _____

Commercial General Facility Charge: \$291 per Fixture Unit (FU)				
Fixture Type	FU	No. of Fixtures	Credits (If applicable)	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, auto wash, 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 FUs: _____		X	\$291 =	

P:\Impact fees/Commercial General Facility Charge Worksheet