

BUILDING PERMIT APPLICATION

PERMIT NO. _____

ISSUE DATE _____

TOWN OF WINTHROP
P.O. BOX 459
WINTHROP, WA 98862
(509) 996-2320

EXPIRATION DATE _____

TWO SITE PLANS AND TWO SETS OF BUILDING PLANS ARE REQUIRED WITH THIS APPLICATION. BE SURE THAT YOU ARE INFORMED ON SUBDIVISION, ZONING AND ALL OTHER LAND USE REGULATIONS BEFORE APPLYING FOR A BUILDING PERMIT. NO CONSTRUCTION SHALL PROCEED BEFORE A PERMIT IS ISSUED.

BUILDING PERMITS ARE VALID FOR SIX (6) MONTHS FROM THE DATE OF ISSUE. THIS APPLIES TO THE ATTACHED CLEAR AND CONCISE CONSTRUCTION DRAWINGS AND TO THE SITE PLAN OF THE STATED PROJECT. THE PERMIT MAY BE EXTENDED AN ADDITIONAL SIX (6) MONTHS BY SUBMITTING A REQUEST, IN WRITING, TO THE TOWN OF WINTHROP BUILDING DEPARTMENT, PROVIDING THAT NO CHANGES ARE MADE TO THE PROJECT'S CONSTRUCTION DRAWINGS OR SITE PLAN. CHANGES TO THE PROJECT'S CONSTRUCTION DRAWINGS AND/OR SITE PLAN MAY REQUIRE A NEW PERMIT AND MUST BE APPROVED BY THE TOWN OF WINTHROP.

PROPERTY OWNER

CONTRACTOR

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

TOWN: _____

TOWN: _____

PHONE: _____

PHONE: _____

EMAIL: _____

LICENSE # _____

IF OWNER CONSTRUCTED, HAVE YOU READ THE CONTRACTOR LICENSE REQUIREMENTS?

YES _____ NO _____ PLEASE SITE R.C.W. 18.27 EXEMPTION NUMBER _____

LOCATION: STREET ADDRESS: _____

TAX PARCEL NO. (available on property tax statement) _____

SUBDIVISION _____ LOT _____ BLOCK _____ LOT SIZE _____ ZONE _____

STRUCTURE TYPE: SINGLE OR TWO FAMILY RESIDENTIAL _____

MULTI FAMILY RESIDENTIAL (THREE OR MORE) _____ COMMERCIAL _____ INDUSTRIAL _____

OTHER (please specify) _____

OCCUPANCY TYPE: _____

INTENDED USE: _____

DIRECTIONS TO BUILDING SITE _____

PROPOSED SETBACKS FROM PROPERTY LINE: (SEE TOWN CODE FOR SETBACK REQUIREMENTS)

FRONT _____ SIDE _____ REAR _____

WITHIN 200' OF SHORELINE: NO _____ YES _____ SHORELINE SETBACK _____

CLASS OR WORK: NEW _____ ADDITION _____ REMODEL _____ REPAIR _____ MOVE _____

DEMOLITION _____ ACCESSORY STRUCTURE _____ MOBILE HOME _____ FOUNDATION _____

OTHER _____

WESTERNIZATION STATUS:

IS THE STRUCTURE ASSOCIATED WITH OR FOR A COMMERCIAL USE WITHIN A BUSINESS OR MULTIPLE USE DISTRICT (ZONES B-I, B-II, B-III, MU-I)?

YES _____ NO _____

IF YES, DOES THE MODIFICATION AFFECT THE EXTERIOR OF THE STRUCTURE?

YES _____ NO _____

NOTE: IF ANSWERING YES TO THE ABOVE QUESTIONS, YOU MAY HAVE TO OBTAIN A WESTERNIZATION APPLICATION AND APPLY TO THE WAC FOR WESTERNIZATION APPROVAL.

BUILDING DIVISION:

TYPE OF STRUCTURE: WOOD _____ METAL _____ MASONRY/CONCRETE _____

PRE-MANUFACTURED _____ OTHER (please specify) _____

BUILDING DIMENSIONS FOR NEW CONSTRUCTION: (ALL FLOORS INCLUDING BASEMENT)

_____ X _____ = SQ. FT. BASEMENT

_____ X _____ = SQ. FT. 1ST FLOOR

_____ X _____ = SQ. FT. 2ND FLOOR

_____ X _____ = SQ. FT. (OTHER _____)

_____ = TOTAL SQ. FEET

HEIGHT _____ NO. OF STORIES _____ PROJECT COST \$ _____

IF MOBILE HOME: NAME OF INSTALLER AND CERTIFICATION NUMBER_____

ADDRESS_____ PHONE_____

YEAR/MAKE/MANUFACTURER_____

DIMENSIONS _____ X _____ LABOR & INDUSTRIES TAG NO. _____

NAME OF COURT OR PARK_____

ADDITIONAL PERMIT INFORMATION:

THE FOLLOWING ARE POSSIBLE APPLICATIONS THAT MIGHT BE NEEDED BEFORE YOUR BUILDING PERMIT CAN BE APPROVED AND ISSUED.

IS YOUR PROJECT IN A BUSINESS OR MULTIPLE USE DISTRICT OF THE TOWN (ZONES B-I, B-II, B-III OR MU-I)? YES_____ NO_____

YES - IF THE PROJECT AFFECTS THE EXTERIOR APPEARANCE OF THE BUILDING IN ANY WAY OR IT IS A NEW CONSTRUCTION IT WILL REQUIRE A WESTERNIZATION APPLICATION. THE REVIEW PERIOD FOR WESTERNIZATION IS UP TO 30 DAYS.

YES - A CURRENT BUSINESS LICENSE FOR ANY BUSINESS WITHIN THE TOWN OF WINTHROP MUST BE OBTAINED BEFORE THE WESTERNIZATION ARCHITECTURAL COMMITTEE CAN REVIEW ANY PROJECT. A BUSINESS LICENSE REVIEW PERIOD IS UP TO 10 DAYS.

DOES THE PROJECT SITE HAVE EXISTING TOWN WATER OR SEWER HOOKUP?: YES_____ NO_____

YES - REVIEW OF THE BUILDING PERMIT APPLICATION WILL DETERMINE IF THERE WILL BE A HIGHER WATER USE WHICH MAY REQUIRE APPLYING FOR MORE WATER/SEWER ERU'S (EQUIVALENT RESIDENTIAL UNIT).

NO - WATER AND SEWER SERVICE APPLICATIONS MUST BE APPLIED FOR. BUILDING PERMITS CAN BE ISSUED BEFORE APPROVAL OF THESE APPLICATIONS, AT THE DISCRETION OF THE UTILITIES MANAGER, WITH THE UNDERSTANDING THAT IT IS NOT A GUARANTEE OF APPROVAL OF WATER AND SEWER SERVICES. NO CERTIFICATE OF OCCUPANCY CAN BE ISSUED UNTIL WATER AND SEWER SERVICES ARE APPLIED FOR AND INSTALLED. THE REVIEW PERIOD FOR ANY WATER AND SEWER SERVICE APPLICATION CAN TAKE UP TO 14 DAYS, PROVIDED A COMPLETE APPLICATION IS SUBMITTED.

IN FLOODPLAIN - YES_____ NO_____ WITHIN 200' OF SHORELINE - YES_____ NO_____

IS PROJECT WITHIN 100' OF KNOWN OR SUSPECTED CRITICAL AREA - YES_____ NO_____

REQUIRES MORE THAN 100 CUBIC YARDS OF EXCAVATION OR FILL - YES_____ NO_____

YES - IF THE PROJECT IS IN THE FLOODPLAIN AND WITHIN 200' OF THE SHORELINE OR REQUIRES MORE THAN 100 CUBIC YARDS OF EXCAVATION OR FILL,, IT WILL REQUIRE ONE OR ALL OF THE FOLLOWING PERMITS: SUBSTANTIAL DEVELOPMENT, CONDITIONAL USE OR VARIANCE PERMIT, CRITICAL AREAS PROJECT APPROVAL, LAND USE PERMIT AND/OR SEPA CHECKLIST. THE REVIEW PERIOD FOR ANY OF THESE PERMIT APPLICATION CAN TAKE UP TO 75 DAYS. (ATTACHED IS A COPY OF POSSIBLE TIME FRAMES IT WILL TAKE TO REVIEW THE ABOVE APPLICATIONS).

NO - LANDFILL OR EXCAVATION OVER 100 CUBIC YARDS, BUILDINGS OVER 4,000 SQUARE FEET, AND OR PARKING LOTS OVER 40 STALLS MAY TRIGGER ANY OF THE ABOVE MENTIONED PERMIT APPLICATIONS.

NOTE: THESE ARE NOT THE ONLY SITUATIONS THAT CAN TRIGGER THE ABOVE MENTIONED PERMIT APPLICATIONS. THIS WILL BE DETERMINED IN THE BUILDING PERMIT REVIEW PROCESS BY OUR TOWN PLANNER.

THIS FACILITY IS OPERATED IN ACCORDANCE WITH U.S. DEPARTMENT OF AGRICULTURE POLICY, WHICH PROHIBITS DISCRIMINATION ON THE BASIS OF RACE, COLOR, SEX, AGE, HANDICAP, RELIGION, OR NATIONAL ORIGIN. ANY PERSON WHO BELIEVES HE OR SHE HAS BEEN DISCRIMINATED AGAINST IN ANY USDA-RELATED ACTIVITY SHOULD WRITE TO:
UNDER SECRETARY
RURAL DEVELOPMENT
WASHINGTON, D.C. 20250

I HEREBY APPLY FOR A PERMIT TO DO THE WORK INDICATED ABOVE AND ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND THAT I HAVE ACCURATELY IDENTIFIED AND DEPICTED PROPERTY LINES AND BUILDING LOCATIONS. I HAVE SUBMITTED THREE SITE PLANS AND THREE SETS OF BUILDING PLANS ACCOMPANY THIS APPLICATION.

NAME (PRINT)

DATE

SIGNATURE

DATE RECEIVED BY TOWN OF WINTHROP:

*****FOR DEPARTMENTAL USE ONLY*****

FEEES

BUILDING PERMIT : APPLICATION FORM MUST BE COMPLETED BEFORE PERMIT CAN BE PROCESSED \$ _____

PLAN CHECK : TWO SITE PLANS, TWO SETS OF BUILDING PLANS, AND COMPLETED ENERGY COMPLIANCE FORMS ARE REQUIRED \$ _____

MECHANICAL PERMIT: \$ _____

PLUMBING PERMIT: \$ _____

STATE FEE : BUILDING CODE FEE \$ 4.50

MISC FEE: \$ _____

RECEIPT NO. _____ **TOTAL FEES :** \$ _____

REVIEW AND APPROVALS

PLANNING:

SETBACKS MET: NO _____ YES _____ ALLOWED ZONING USE: NO _____ YES _____

PARKING REQUIREMENTS MET: NO _____ YES _____ ACTION TAKEN (if no) _____

ZONING VARIANCE: NO _____ YES _____ FILE # (if yes) _____

CONDITIONAL USE: NO _____ YES _____ FILE # (if yes) _____

CRITICAL AREAS: NO _____ YES _____ FILE # (if yes) _____

WITHIN 200' OF SHORELINE: NO _____ YES _____ FILE # (if yes) _____

SEPA APPLIES: NO _____ YES _____ ACTION TAKEN (if yes) _____

IN FLOODPLAIN: NO _____ YES _____ FILE # (if yes) _____

DOE CONSTRUCTION STORMWATER PERMIT APPLICATION REQUIRED: NO _____ YES _____

OTHER: NO _____ YES _____ TYPE _____ FILE # (if yes) _____

OTHER PLANNER COMMENTS: _____

PLANNING DEPT. - _____ DATE - _____

DEPUTY CLERK:

BUSINESS LICENSE REQUIRED/OBTAINED FOR CONTRACTOR: NO _____ YES _____ LICENSE NUMBER _____

BUSINESS LICENSE REQUIRED/OBTAINED IF BUSINESS: NO _____ YES _____ LICENSE NUMBER _____

COMMENTS: _____

DEPUTY CLERK - _____ DATE - _____

WESTERNIZATION:

WESTERNIZATION APPROVAL NEEDED: NO _____ YES _____ FILE # (if yes) _____

COMMENTS: _____

WESTERNIZATION ADMIN. - _____ DATE - _____

MARSHAL'S OFFICE:

TOWN MARSHAL - _____ DATE - _____

TOWN CLERK:

CLERK/TREASURER - _____ DATE - _____

STREET DEPARTMENT:

HIGHWAY INGRESS/EGRESS (ORD #421): NO _____ YES _____ PERMIT # (if yes) _____

STREET CROSSING REQUIRED: NO _____ YES _____ ACTION TAKEN (if yes) _____

COMMENTS: _____

STREET DEPT. - _____ DATE - _____

FIRE CODE OFFICIAL:

FIRE FLOW ADEQUATE: NO _____ YES _____ ACTION TAKEN (if no) _____

HYDRANT REQUIREMENTS MET: NO _____ YES _____ ACTION TAKEN (if no) _____

COMMENTS: _____

FIRE CODE OFFICIAL - _____ DATE - _____

WATER DEPARTMENT :

WATER ERU'S ADEQUATE FOR PROJECT: NO____ YES____ COMMENTS_____

WATER PERMIT NEEDED: NO____ YES____ PERMIT # (if yes)_____

COMMENTS: _____

WATER DEPT. - _____ DATE - _____

SEWER DEPARTMENT :

SEWER ERU'S ADEQUATE FOR PROJECT: NO____ YES____ COMMENTS_____

SEWER PERMIT NEEDED: NO____ YES____ PERMIT # (if yes)_____

COMMENTS: _____

SEWER DEPT. - _____ DATE - _____

BUILDING INSPECTOR:

ALL PLANS/BUILDINGS MUST MEET IBC, IRC, UMC, UPC, UFC and WSEC REQUIREMENTS.
ALL OTHER APPROVALS MUST BE OBTAINED BEFORE SIGNING.

CONTRACTOR REGISTRATION COMPLETE: YES____ NO____

COMMENTS: _____

BUILDING INSP. - _____ DATE - _____