

BUILDING / PLUMBING / MECHANICAL PERMIT APPLICATION - LONG FORM

(To be used for projects that **require plan review.**)

City of Port Angeles
Attn: Building Permit Technician
321 E. 5th St., Port Angeles, WA 98362
360-417-4815 fax: 360-417-4711
Hours: Mon through Fri 8 – 5 pm

Please print in ink.

Date Received _____
Permit # _____
Date Approved _____
Approved by _____

Credit card payments are accepted Mon-Fri 8-5 pm (no American Express)
Cash & checks are accepted Mon-Thurs 8:30-4 pm & Fri 8:30-12:30 pm

Contact person:	Phone:
Property owner:	Phone:
Property owner's mailing address:	
Contractor's business name: (or property owner's name if he/she is doing/overseeing the work)	Phone:
Contractor's mailing address:	
Contractor's L&I license number:	Expiration date:

Project Address:

Project Type: Residential Commercial Industrial Multi-family

Project Business Name:
(for commercial, industrial, or multi-family projects)

Zoning:

Parcel #

Lot #

Complete only the portions of this permit that are relevant to your project.

(✓) _____ Pay the plan check fee (based on the valuation of the project) at the time of submittal

Residential Projects submit:

- (✓) _____ **Two sets of plans*** (including engineering calcs, geotech reports, etc. if applicable)
(✓) _____ Prescriptive Approach – Simple Form (confirming conformance to the Energy Code)

Commercial Projects submit:

- (✓) _____ **Three sets of plans*** (including engineering calcs, geotech reports, etc. if applicable)
(✓) _____ Paperwork confirming conformance to the Energy Code
(✓) _____ For **large projects**, a **pre-construction meeting** with various City department personnel is **highly recommended**. To schedule a pre-construction meeting, contact the Planning Manager at (360) 417-4750.
(✓) _____ Additional information may need to be submitted including:
landscape plan, parking plan (including ADA spaces, ramps, etc.), utilities
(existing & proposed), curbs, sidewalks, storm water plan, etc.

For Additions & New Structures also submit:

(✓) _____ **Site plan** (8 1/2" x 11") showing all structures (existing & proposed), setbacks, & new driveways

* If an architect or engineer drew the plans or calculations, include at least one **"wet-stamped"** set of plans and/or calculations.

T:Forms/Building Division/Building/Plumbing/Mechanical Permit Application – Long Form (Revised 2011)

Repair / Solar Panels / Miscellaneous: (explain the project)

Project Valuation \$ _____ *

Remodel: (explain the project, including how the building space is currently being used and what the new, remodeled use will be)

Project Valuation \$ _____ *

(✓) _____ If the space will change from commercial to residential, submit:
"Checklist – Converting Commercial Space into Residential Space"

Addition: (explain the project and complete & submit page 3)

Maximum height of the new addition _____ feet Project Valuation \$ _____

New Structure: (explain the project and complete & submit page 3)

Maximum height of the new structure _____ feet Project Valuation \$ _____

PLUMBING PERMIT:

Will there be **ANY** plumbing changes (items moved, added, replaced, or altered)

Check one:

No _____ Yes _____

(✓) _____ If yes, complete & submit page 4 "Plumbing Changes"

MECHANICAL PERMIT:

Will there be **ANY** mechanical changes (items moved, added, replaced, or altered)

Check one:

No _____ Yes _____

(✓) _____ If yes, complete & submit page 4 "Mechanical Changes"

Will a lawn sprinkler system be installed? _____	Occupancy group _____	# of bedrooms _____
Will a fire sprinkler system be installed? _____	Occupant load _____	# of full baths _____
	Construction type _____	# of half baths _____

***Homeowner:** If you will be doing / overseeing the work, then the project valuation will be determined by doubling the cost of materials, to reflect the value the repair adds to your property.
Cost of materials _____ x 2 = Project Valuation \$ _____

I have read and completed this application and know it to be true and correct. I am authorized to apply for this permit and understand that it is my responsibility to determine what permits are required, and to obtain permits prior to working on projects.

Date _____ Signature _____

Print Name _____

<u>Floor Areas</u>	<u>Existing square footage</u>	<u>New square footage</u>	<u>Price per new square foot</u>		
Basement	_____	_____	x _____	=	\$ _____
1 st Floor	_____	_____			_____
2 nd Floor	_____	_____			_____
3 rd Floor	_____	_____			_____
Garage	_____	_____			_____
Carport	_____	_____			_____
Covered Porch	_____	_____			_____
Deck	_____	_____			_____
(> 30" high)*	_____	_____			_____
Deck	_____	_____			_____
(≤ 30" high)*	_____	_____			_____
Shed	_____	_____			_____
Other	_____	_____			_____
Other	_____	_____			_____
					Remodel project valuation _____
					TOTAL VALUATION \$ _____

* Walking surface of the deck above ground

For residential building projects the minimum square foot valuation we accept is:

Dwelling \$85.00 per sq. ft. garage/utility/misc.structure \$30.00 per sq. ft. porch/deck/carport \$12.00 per sq. ft.

LOT COVERAGE & SITE COVERAGE

Lot coverage is the amount or percent of ground area on which buildings are located.

It includes: houses, garages, carports, covered patios, cantilevered portions of buildings, roof overhangs that are longer than 30-inches, uncovered decks or porches having walking surfaces higher than 30-inches off the ground, etc.

Total footprint of structures _____ sq. ft. ÷ lot size _____ sq. ft. = **Lot coverage** _____ %

Site Coverage is the amount of impervious surface on a parcel, including structures, paved driveways, sidewalks, patios, and other impervious surfaces. (see Port Angeles Municipal Code 17.94.135 for exemptions)

Does the project include a new driveway? yes no
 If yes, what will the driveway be made of? cement asphalt gravel other

(NOTE: 18 feet is the recommended minimum driveway length for residential projects)

Does this project include a new parking pad? yes no
 If yes, what will the parking pad be made of? cement asphalt gravel other

- a) Total footprint of structures _____ sq. ft. (existing & new)
- b) Total concrete, asphalt, & other impervious surfaces _____ sq. ft. (existing & new)
- c) Add lines "a" & "b" above to get the total impervious _____ sq. ft. (existing & new)

Total impervious _____ sq. ft. ÷ lot size _____ sq. ft. = **Site coverage** _____ %

PLUMBING CHANGES

Check "No" or "Yes" (and enter quantities) for each line item.

<u>Type</u>	<u>Plumbing Changes</u>		<u>(Moved, Added, Replaced, or Altered)</u>
Sink (hand, mop, floor etc.)	___ No	___ Yes	___ Quantity
Toilet	___ No	___ Yes	___ Quantity
Bathtub	___ No	___ Yes	___ Quantity
Shower	___ No	___ Yes	___ Quantity
Washing Machine	___ No	___ Yes	___ Quantity
Hot Water Heater	___ No	___ Yes	___ Quantity
Water Line (meter to structure)	___ No	___ Yes	___ Quantity
Re-plumb the structure	___ No	___ Yes	___ Quantity
Sewer Line	___ No	___ Yes	___ Quantity
<u>Backflow Prevention Device Types:</u>			
Beverage Machine	___ No	___ Yes	___ Quantity
Landscape Watering System	___ No	___ Yes	___ Quantity
Fire Sprinkler System ≤ 2 inch line	___ No	___ Yes	___ Quantity
Fire Sprinkler System > 2 inch line	___ No	___ Yes	___ Quantity

Please list all other planned plumbing changes or additions that aren't listed above.

MECHANICAL CHANGES

Check "No" or "Yes" (and enter quantities) for each line item.

<u>Type</u>	<u>Mechanical Changes</u>		<u>(Moved, Added, Replaced, or Altered)</u>
Furnace, heat pump, or forced air unit ≤ 5 tons	___ No	___ Yes	___ Quantity
Furnace, heat pump, or forced air unit > 5 tons	___ No	___ Yes	___ Quantity
Ductless heat pump	___ No	___ Yes	___ Quantity
Wall (recessed) heater	___ No	___ Yes	___ Quantity
Baseboard heater	___ No	___ Yes	___ Quantity
Steffes room heater	___ No	___ Yes	___ Quantity
Wood-burning stove	___ No	___ Yes	___ Quantity
Pellet stove	___ No	___ Yes	___ Quantity
Radiant floor heat	___ No	___ Yes	___ Quantity
Gas fireplace or freestanding stove	___ No	___ Yes	___ Quantity
Gas cooking stove	___ No	___ Yes	___ Quantity
Propane tank set	___ No	___ Yes	___ Quantity
Gas line	___ No	___ Yes	___ Quantity
Boiler	___ No	___ Yes	___ Quantity
Clothes Dryer	___ No	___ Yes	___ Quantity
Ventilation fan (single duct)	___ No	___ Yes	___ Quantity
Hood & duct mechanical exhaust	___ No	___ Yes	___ Quantity
Ventilation system (not part of a heating or air conditioning system)	___ No	___ Yes	___ Quantity
Air handler	___ No	___ Yes	___ Quantity
Evaporative cooler (non-portable)	___ No	___ Yes	___ Quantity

Please list all other planned mechanical changes or additions that aren't listed above.
