



CITY OF CHELAN

P.O. BOX 1669

135 E. JOHNSON ST.

CHELAN, WA 98816

(509)682-8017

(509)682-8050 (FAX)

COMMERCIAL AND MULTI-FAMILY (Including additions) BUILDING PERMIT APPLICATION

In order to process and review permit applications in a timely fashion, the documents and document descriptions listed on the following sheets are the minimum requirements necessary for permit submittal and review. The more information that is supplied, the easier it will be to review the project. *Failure to submit the required information will cause undue delay in the permit review process and, failure to include any of the documents or information listed will result in the City's being unable to accept the Building Permit Application.* If you should have any questions regarding the minimum requirements of submittal, please call the Building Department at (509)682-8017 prior to bringing the submittal package to the City.

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City of Chelan Public Works Department

50 Chelan Falls Highway/PO Box 1669

Chelan, WA 98816

(509) 682-8030

Email: chelanpublicworks@cityofchelan.us

www.cityofchelan.us

CERTIFICATE OF WATER AVAILABILITY

Connection to a Public Water System

Purpose: To assure availability of potable drinking water per RCW 19.27

Approval of the Certificate of Water Availability is required prior to submitting all building permits for new construction or change of use when potable drinking water is required

PART A: TO BE COMPLETED BY APPLICANT

APPLICANT NAME: _____ PHONE NO. _____

PROJECT ADDRESS: _____ PARCEL NO. _____

EMAIL ADDRESS: _____

Proposed Water Usage _____ No. of Connections: _____

Customer Type (Check One) SF Residential Multi-Family Commercial Industrial

Water Availability Certificate	Fee Structure
Single Family Residential	\$40
Multi-Family/Commercial/Industrial/Other	Actual Cost ¹

1. The City of Chelan Public Works Department will provide an estimate of costs and require a deposit before commencing work

Payment for Single Family Residential Water Availability Certificates will be deferred until issuance of Building Permit application.

PRINT NAME _____ SIGNATURE _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

(Please ensure that you complete the above PRIOR to submittal to the Water

PART B: TO BE COMPLETED BY WATER PURVEYOR

Certificate No. _____

I. Capacity to provide service

_____ a. The property is within the designated City of Chelan Water System's service area and the System has sufficient capacity and water rights to service this property

_____ b. The capacity of the water system is unknown without further hydraulic analysis of the water system by a 3rd party Engineering firm determined by the City.

_____ c. Service to this property is not available from the City of Chelan's Water System at this time. To Serve this property will require:

[] Annexation of Boundary Review Board/Department of Health Approvals

[] Additional Water Supply and/or water rights

[] Other (Describe): _____

II. Availability of Domestic Water Service

- _____ a. Water will be provided at a minimum pressure of 30 psi by service connection to an existing _____ inch water main located _____ and is approximately _____ feet from the site
- _____ b. Water service is available after the following improvements are completed:
- [] _____ feet of _____ inch water main on _____ to reach site and/or
- [] the construction of a distribution system on the site; and/or
- [] Other (describe): _____.

III. Availability of Water for Fire Fighting

- _____ a. The nearest fire hydrant is located at _____ and is within _____ feet of the property
- _____ b. No less than 20 psi measured at _____ gpm and _____ feet from building/property
- _____ c. The fire flow capacity of the water system is unknown without further hydraulic analysis of the water system by an engineer licensed in the State of Washington
- _____ d. Fire flow capacity is not available

WATER MAY BE AVAILABLE IF THE PROPERTY OWNER MEETS THE FOLLOWING CONDITIONS (SUCH LISTING IS NOT INTENDED TO BE AN EXHAUSTIVE LIST OF ALL CONDITIONS WHICH MAY BE REQUIRED IN ORDER TO PROVIDE SERVICE. OTHER FACTS MAY BE REVEALED DURING SUBSEQUENT REVIEW WHICH REQUIRE NEW OR CHANGED CONDITIONS BE MET BY THE PROPERTY OWNER PRIOR TO SERVICE).

I hereby Certify that the above water agency information is true. This certification shall be valid for one year from the date of signature.

Name

Signature

Title

Date

This checklist was prepared to help applicants comply with the requirements of RCW 19.27.097, concerning the adequacy or inadequacy of the local water systems ability to serve the reference property. The information provided herein is intended to summarize the water systems capacity and the required improvements, if any are needed to provide water service.



City of Chelan Public Works Department

50 Chelan Falls Highway/PO Box 1669

Chelan, WA 98816

(509) 682-8030

Email: chelanpublicworks@cityofchelan.us

www.cityofchelan.us

CERTIFICATE OF SEWER AVAILABILITY

Connection to a Public Sewer System

Purpose: To assure availability of sewer per Chelan Municipal Code 13.06

Approval of the Certificate of Sewer Availability is required prior to submitting all building permits for new construction or change of use when potable drinking water is required

PART A: TO BE COMPLETED BY APPLICANT

APPLICANT NAME: _____ PHONE NO. _____

PROJECT ADDRESS: _____ PARCEL NO. _____

EMAIL ADDRESS: _____

Proposed Sewer Usage _____ No. of Connections: _____

Customer Type (Check One) SF Residential Multi-Family Commercial Industrial

Sewer Availability Certificate	Fee Structure
Single Family Residential	\$40
Multi-Family/Commercial/Industrial/Other	Actual Cost ¹

1. The City of Chelan Public Works Department will provide an estimate of costs and require a deposit before commencing work

Payment for Single Family Residential Sewer Availability Certificates will be deferred until issuance of Building Permit application.

PRINT NAME _____ SIGNATURE _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

(Please ensure that you complete the above PRIOR to submittal to the Sewer Purveyor)

PART B: TO BE COMPLETED BY SEWER PURVEYOR

Certificate No. _____

- 1 a. ☐ Sewer service will be provided by side sewer connection only to an existing _____ inch size from the site and the sewer system has capacity to serve the proposed use.

OR

- b. ☐ Sewer service will require an improvement to the sewer system of:
- ☐ (1) _____ feet of sewer truck or lateral to reach site; and/or
 - ☐ (2) the construction of a collection system on the site; and/or
 - ☐ (3) Other (Describe): _____

- 2 a. ☐ Th Sewer system improvement is in conformance with the City approved Sewer Comprehensive Plan

OR

- b. ☐ The sewer system improvement will require a sewer comprehensive plan ammendment

- 3 Service is subject to the following:

- a. ☐ Connection Charge: _____
- b. ☐ Easement(s): _____
- c. ☐ Other: _____

SEWER MAY BE AVAILABLE IF THE PROPERTY OWNER MEETS THE FOLLOWING CONDITIONS (SUCH LISTING IS NOT INTENDED TO BE AN EXHAUSTIVE LIST OF ALL CONDITIONS WHICH MAY BE REQUIRED IN ORDER TO PROVIDE SERVICE. OTHER FACTS MAY BE REVEALED DURING SUBSEQUENT REVIEW WHICH REQUIRE NEW OR CHANGED CONDITIONS BE MET BY THE PROPERTY OWNER PRIOR TO SERVICE).

I hereby Certify that the above water agency information is true. This certification shall be valid for one year from the date of signature.

Name

Signature

Title

Date

This checklist was prepared to help applicants comply with the requirements of CMC 13.06. The information provided herein is intended to summarize the availability and capacity of the sewer system and the required improvements, if any are needed to provide sewer service.

COMMERCIAL BUILDING PERMIT SUBMITTAL CHECKLIST

THIS IS NOT A REVIEW. This list is used to assure that your submittal includes at least the minimum information needed to start the zoning/building review process. **Building permit applications will not be accepted until ALL requirements have been satisfied.**

Please submit one complete electronic set of plans and supporting documents.

(The electronic version of plans may be submitted with the application forms on a disc, flash drive or emailed to lwilliams@cityofchelan.us)

APPLICANT SUBMITTAL ITEMS			
	YES	N/A	
1.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Complete Application Water Meter Installation Form Ownership Certification Form, signed and notarized APPROVED Water and Sewer Availability Forms HDCA Design Committee Review, <i>(Required for Downtown Storefront Streets only)</i>
2.	<input type="checkbox"/>		Deed / Legal Description
3.	<input type="checkbox"/> <input type="checkbox"/>		Zoning: _____ <i>(Check with Department Staff for Setbacks, Zoning, and Critical Area Restrictions)</i> Have Subdivision Notes and Conditions of Approval Been Achieved? <i>(Refer to Respective Files)</i>
4.	<input type="checkbox"/>	<input type="checkbox"/>	CRITICAL AREAS AND REPORTS
5.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ADDITIONAL COMMERCIAL ITEMS SEPA (Environmental Checklist) Substantial Shoreline Devel. Permit, (if required) Landscape Plan Traffic Impact Study Stormwater Drainage Plan Parking; Existing: _____ Proposed: _____ ADA Compliant Parking; # of spaces: _____ Employees; Existing: _____ Proposed: _____ Restaurant; Existing Seats: _____ Proposed: _____
6.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	BUILDING PLANS IN ARCHITECTUAL SCALE Foundation Plan Floor Plan (each floor level) Means of Egress Plan Floor Framing (each floor & decks) Roof Framing Plan Engineering (Stamp required) <i>(Verify design criteria w/the Building Division)</i> Truss Calculations and Layout, if engineered Mechanical and Plumbing Rtrpu Cross-section(s) Elevation Drawings (All four sides) y kj "eqpqwtu'rdgrgd in feet Finished & Existing Grade shown and labeled y kj "eqpqwtu'rdgrgf in feet Elevation of Building Site: _____ (ft.) Washington State University Energy Compliance Form <i>(Non-Residential)</i> Heat Loss Calculations Special Inspection Form, if required
7.	<input type="checkbox"/>	<input type="checkbox"/>	Copy of Contractor's License & City License <i>(Unexpired)</i>
8.	<input type="checkbox"/>	<input type="checkbox"/>	Cross Connection Control Survey
9.	<input type="checkbox"/>	<input type="checkbox"/>	Site Map
10.	<input type="checkbox"/>	<input type="checkbox"/>	Submittal Fees Paid

APPLICATIONS ARE REVIEWED FOR ZONING, SETBACKS AND BUILDING PLAN COMPLIANCE. THE DEPARTMENT WILL NOTIFY THE APPLICANT ONCE THE APPLICATION IS READY FOR ISSUANCE.

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HDCA REVIEW OF CONSTRUCTION PLANS Required Prior to City of Chelan Building Permit Submittal

As of 2011, the Chelan Municipal code requires Historic Downtown Chelan Association (HDCA) to review construction within the downtown area prior to the City of Chelan granting a building permit.

CMC17.14.010-(D)-Review Process

- a. To provide the Historic Downtown Association (HDCA) the opportunity to provide input to the administrator for projects located on storefront streets as identified on the regulating map at Section 17.14.020(B), The developer shall submit the proposed project to the HDCA design committee to verify conformance with this chapter.
- b. As a condition to the administrator accepting a project permit application for projects described in subsection (D)(2)(a) of this section, the application shall include (i) HDCA's verification if its review (ii) proof that thirty days elapsed after submitting the project to HDCA and that no verification was provided, or (iii) proof the design committee is inactive.
- c. Verification of the project permit application by HDCA shall not be determinative of the project's compliance with this chapter, but is limited to ensuring HDCA has had an opportunity to review a project permit application to provide input to the director regarding a proposed project.
- d. For purposes of this chapter, a building permit application shall include applications for exterior remodels, departure, additions and new building(s).

HDCA strongly recommends owners contact HDCA as early in their planning process as possible and make an appointment for a conversation with the Design Committee. It is our hope that an early discussion about the project will save time for all involved by answering project questions and addressing potential issues early in the design process. Following the initial conversation, HDCA will need to review project plans prior to their acceptance for permit review by the City of Chelan (as Indicated in the process above).

When reviewing downtown commercial projects HDCA will focus feedback remarks on:

- Maintaining or enhancing historical aspects of the building
- Creating visual appropriateness and continuity with surrounding structures, including colors
- Maintaining or enhancing user interest and experience with the building

Please contact HDCA regarding our construction plan review process by phoning 509.682.4322 or emailing hdca@nwi.net Monday through Friday. We look forward to partnering with you.

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CITY OF CHELAN

DEPARTMENT OF COMMUNITY DEVELOPMENT
135 E JOHNSON AVENUE, PO Box 1669, CHELAN, WA 98816
TELEPHONE: (509) 682-8017 FAX: (509) 682-8050

COMMERCIAL BUILDING PERMIT APPLICATION

COMMERCIAL BUILDINGS/STRUCTURES

Parcel Number (APN): _____ **Lot Size:** _____ (Acres)
Parcel Address: _____
Abbreviated Legal Description: _____
Property Owner(s): _____
Mailing Address: _____
City/State/Zip: _____ **Phone:** _____
E-mail: _____ ☐ *Copy of Recorded Deed is required as an attachment.*

Applicant: _____ **Company Name:** _____
Mailing Address: _____
City/State/Zip: _____ **Phone:** _____
E-mail: _____

Contractor's Name: _____
Contractor's License Number: _____ **City License Number:** _____
Mailing Address: _____
City/State/Zip: _____ **Phone:** _____
E-mail: _____

Application For: ☐ New ☐ Remodel ☐ Addition ☐ Commercial Building ☐ Multi-Family Building (3 Units or More)
Labor and Material Valuation: \$ _____ **Demolition, Square Feet** _____
☐ **Fire Repair/Replacement of:** _____ **Destruction Date:** _____
☐ **Tenant Improvement / Interior Remodel:** _____
☐ **Change of use/Proposed Occupancy:** _____
 If addition to building is proposed, please identify existing footprint and square footage of structure(s):

☐ **Other:** _____

Detailed Description of Proposed Use for the Structure:

Continued on Next Page

IBC Building Construction Type:

- | | | | | |
|----------------------------------|-----------------------------------|------------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Type IA | <input type="checkbox"/> Type IIA | <input type="checkbox"/> Type IIIA | <input type="checkbox"/> Type IV | <input type="checkbox"/> Type VA |
| <input type="checkbox"/> Type IB | <input type="checkbox"/> Type IIB | <input type="checkbox"/> Type IIIB | | <input type="checkbox"/> Type VB |

IBC Sprinkler Substitutions (If applicable, please specify all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Area Increase | <input type="checkbox"/> Story Increase | <input type="checkbox"/> One-Hour Construction |
| <input type="checkbox"/> Unlimited Areas | <input type="checkbox"/> Height Increase | <input type="checkbox"/> Other: _____ |

Structure / Development Details: Dimensions of Building Footprint: _____ (ft.)

Building Height: _____ (ft.) Number of Stories: _____

☐ **Label Existing/Finished Grade on all 4 elevation views of Building Plans.****Floor Area(s)—check all that apply and indicate the area in Square Feet:**

- | | | | | |
|---|--|---|---|---|
| <input type="checkbox"/> Basement: _____ | <input type="checkbox"/> Main/1 st Floor: _____ | <input type="checkbox"/> 2 nd Floor: _____ | <input type="checkbox"/> 3 rd Floor: _____ | <input type="checkbox"/> 4 th Floor: _____ |
| <input type="checkbox"/> Deck: _____ | <input type="checkbox"/> Covered Porches/Patios: _____ | <input type="checkbox"/> Mezzanine: _____ | <input type="checkbox"/> Storage: _____ | |
| <input type="checkbox"/> Other: _____ | | | | Area: _____ (sq. ft.) |
| <input type="checkbox"/> Retaining Wall(s): Length(s): _____ (ft.) Height(s): _____ (ft.) | | | | |

For existing structure(s), describe existing use and occupancy:
_____**Please provide the following details (indicate retail/office areas in square feet):**

Existing Bathrooms: _____	New Proposed Bathrooms: _____
Existing Retail Space: _____	New Proposed Retail Space: _____
Existing Office Space: _____	New Proposed Office Space: _____
No. of Existing Employees: _____	No. of Proposed Employees: _____

Will New Proposal Affect Existing Parking or Access? ☐ Yes ☐ No

No. of Existing Off-Street Parking Spaces: _____ No. of Proposed Off-Street Parking Spaces: _____

New/Change Mechanical? ☐ Yes ☐ NoNew Landscaping Proposed? ☐ Yes ☐ No ☐ Landscaping Plan attached, if applicable.Is this building for Restaurant Use: ☐ No ☐ Yes, please indicate the number of seats in the establishment.

Existing Number of Seating: _____ Proposed Number of Seating: _____

Impervious Surface (IS) Information in Square Feet:**Refer to City of Chelan City Standards (Appendix A) for the definition of "Impervious Surface."**

Existing IS (Include existing roof, driveway, etc.): _____ New IS (Include new roof, driveway, etc.): _____

Total Impervious Surface (Existing Impervious Surface plus New Impervious Surface): _____ (sq. ft.)

Total Square Footage of All Commercial Buildings (structures only) on Property: _____ (sq. ft.)**Sanitation Disposal:**☐ Sewer ☐ Septic Permit #: _____ ☐ Existing ☐ New☐ **Provide copy of septic permit approval, if applicable**

Please Complete the Following:

1.	What is the current use of the property? _____
2.	List all existing structures on the property, the year constructed, and the Building Permit Number (if applicable): _____ _____ _____ <input type="checkbox"/> Label and Identify on site plan.
3.	Please identify legal access to the subject property and list Auditor's File # (AFN) if applicable: _____ _____
4.	List and attach all Easements, Deed Restrictions, or other Encumbrances restricting the use of the property. (Refer to your subdivision, deed and/or Title Report) List by auditor's file number (AFN) and identify easement type: _____ _____ _____ <input type="checkbox"/> Label and Identify on site plan.
5.	*Is the property within 200 feet of a river, stream, wetland, drainage way, other water body? <input type="checkbox"/> Yes <input type="checkbox"/> No, If yes please identify: _____
6.	*Are there any geologically hazardous areas on property or within 250 feet? For example: landslide areas, areas of soil erosion, or areas of historic slope failure? <input type="checkbox"/> Yes <input type="checkbox"/> No, (Check applicable)
7.	Please list any other applicable applications or approvals (<i>file numbers</i>) from Federal, State or Local Agencies for any structures, construction, or other activities necessary for approval of this building permit application: _____
*May involve height restrictions, a wetland delineation, a geologic site assessment, and additional setback requirements. Inquire with Chelan Planning Development.	

If applicable: (Required by RCW 19.27.095) Lending Agency Name: _____ Phone: _____ Address: _____ Contractor's Bonding Firm: _____ Phone: _____ Address: _____

I hereby certify that I will pay all fees as required by law. I also hereby certify under penalty of perjury under the laws of the State of Washington that the above answers are true and complete to the best of my knowledge. I understand that the lead agency is relying on them to make its decision.

Signature: _____ Date Submitted: _____
Print Owner/Applicant Name: _____
Place Where Signed: _____, WA

CALL BEFORE YOU
DIG
1-800-424-5555

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OWNERSHIP CERTIFICATION

I, _____, hereby certify that I am the major property owner(s) or officer of the corporation owning the property described in the attached application. I also hereby certify under penalty of perjury under the laws of the State of Washington that this application and that the statements, answers, and information are in all respects true and correct to the best of my knowledge and belief. I have also familiarized myself with the rules and regulations of the City of Chelan

Property Address: _____ Project Desc.: _____

Mailing Address: _____

City and State: _____ Zip Code: _____

Phone: _____

Signature: _____ Date: _____

For: _____ Parcel No.: _____
(Corporation or company name)

ACKNOWLEDGMENT

State of Washington)
)
County of Chelan)

On this day personally appeared before me _____ to be known to be the individual described in and who executed the within and foregoing instrument and acknowledge to me that (*he, she, they*) signed the same as (*his, her, their*) free and voluntary act and deed for the uses and purposes therein mentioned.

NOTARY PUBLIC in and for the State of Washington

Printed Name: _____

Commission Expires: _____

Residing in: _____

Date: _____

Other property owners included in this application must be listed below: (attach additional sheet if necessary)

Name: _____ Signature: _____

Address: _____ City/State: _____ Zip: _____

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METER INSTALLATION ORDER FORM

OWNER/AGENT:	Acct. No.
Billing Name:	Phone:
Service Address:	Parcel No.:
Water: <input type="checkbox"/> City <input type="checkbox"/> Out of City	
Billing Address:	
Size of Meter: <input type="checkbox"/> 3/4" <input type="checkbox"/> 1" <input type="checkbox"/> 1 1/2" <input type="checkbox"/> 2" <input type="text"/> # of Fixture Unit	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="text"/> # Of Units
Stand-By Fire Service Connection: <input type="checkbox"/> No <input type="checkbox"/> Yes, size _____	
Requested Date of Installation:	Date Paid:
Receipt No.	Amount: \$
UPON COMPLETION OF METER INSTALLATION , WATER SERVICE CHARGES WILL COMMENCE.	
UPON COMPLETION OF APPROVED SEWER CONNECTION , SEWER SERVICE CHARGES WILL COMMENCE.	
Signature of Owner/Agent:	

PUBLIC WORKS

Date of Installation:	Names of Personnel:
Utility Locate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Utility Locate ID#: _____ By: _____
Meter ID:	Sequence #: _____ Beginning Reading : _____
Meter Box Type: <input type="checkbox"/> Single <input type="checkbox"/> Double	Meter Size Installed:
Size of Tap:	Size of Main:
Depth of Main:	Distance from Meter to Main:
Account Type:	Booster Pump:
Account Area:	Pressure Zone:
SEWER: <input type="checkbox"/> City <input type="checkbox"/> Out of City <input type="checkbox"/> Septic Monthly Sewer ERU's _____ to charge	GARBAGE: <input type="checkbox"/> City <input type="checkbox"/> Zippy

Comments: (Make Detailed Sketch of Installation on Back)

CITY HALL

Master Record Completed:	
Date:	Utility Billing Clerk:
Bldg. to Finance Date:	Finance to Public Works Date:
Public Works to Finance Date:	

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CITY OF CHELAN

Cross Connection Control Survey

FOR NEW CONSTRUCTION OR PLUMBING PERMIT APPLICATIONS ONLY

1. What is the site address? _____
2. Your water meter serves how many homes? _____ How many buildings? _____
3. Do you have any of the following?

a. Swamp cooler connected to piping	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Hot tub (fills with a hose or automatic filler)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Swimming pool	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. Underground sprinkler system	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e. Drip irrigation system	Yes <input type="checkbox"/>	No <input type="checkbox"/>
f. Greenhouse	Yes <input type="checkbox"/>	No <input type="checkbox"/>
g. Solar water heating system	Yes <input type="checkbox"/>	No <input type="checkbox"/>
h. Water makeup lines (boiler, hydronic heating)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
i. Utility sink with threaded faucet (hose attachment)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
j. Fire sprinkler system	Yes <input type="checkbox"/>	No <input type="checkbox"/>
k. Unknown, unidentifiable or complicated piping	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Do you use:

a. Antifreeze flush kits with your automobile	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Insecticide sprayers (that attach to a garden hose)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Darkroom or photo developing equipment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. Fill adapters for waterbed, fish tank or other	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Does anyone on the premise use a portable dialysis machine? Yes ☐ No ☐
6. Do you have a bathtub/Jacuzzi that fills from the bottom or does not have an overflow drain or the fill spout is not above the tub rim? Yes ☐ No ☐
7. Do you have a water softener or any other water treatment system connected to your drinking water supply? Yes ☐ No ☐
8. Do you have auxiliary water supply (i.e. well, pond) on your premises? Yes ☐ No ☐
9. Do you have livestock (i.e., horses, cows, etc.) that use a water trough? Yes ☐ No ☐
10. Is the water piping that enters your home more than 10 feet above your water meter? Yes ☐ No ☐
11. Does a creek, river, or spring run near your property?

a. Do you pump or draw water from this source?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------
12. Do you have a booster pump, well pump, or any other type of water pump? Yes ☐ No ☐

13. Do you receive irrigation water from a different source? Yes ☐ No ☐
14. Do you have a backflow preventer on your property now? Yes ☐ No ☐
If yes, where? _____
15. Do you have any situation that you are aware of that could create a connection between your drinking water and any other substance? Yes ☐ No ☐
16. Do you have any other water using equipment on your property not mentioned above? Yes ☐ No ☐

Comments: _____

Please notify the City of Chelan if any of the above conditions change on your property such as remodeling, changes or additions to your water piping system.

Signature of Water Customer/ Owner

Phone Number

Print Your Name

Best time to call or alternate contact

Today's Date

Your mailing address:

Physical address of property (if different):

Please answer all of the above questions and return it to the City of Chelan Planning Department. This form will be kept on file at the City of Chelan. If you have any questions please call us at (509) 682-5919 or Lee Reynolds at (509) 630-0921

**CITY OF CHELAN
TRAFFIC SCOPING INFORMATION WORKSHEET**

***Please submit the information requested below to the City of Chelan Public Works Department with a copy of the site plan.
Do not submit trip generation or distribution at this time.***

Applicant: _____ Phone: _____

Mailing Address: _____

Parcel Number(s) _____

Parcel Size: _____ square feet _____ acres

Existing Use: _____

Proposed Use: _____

Land Use	# of units or sq ft	For Agency Use Only			
		Land Use Code	Basic Rate PM Peak Trips/Unit	New Trips %	New Trip Rate

For Agency Use Only
<p>Project Trips to be Distributed as follows:</p>

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Community Development Department

135 E Johnson Ave.
P.O. Box 1669
Chelan, Washington, 98816
(509)682-8017 Fax (509)682-8050

Site Plan Requirement

Complete this form to submit at the Community Development Dept. to submit your application.

Many different permits require a site plan (sometimes called a "plot plan"), which is a detailed and accurate map of the subject property. To avoid delays in the review and approval of your project, a complete and accurate site plan drawn to scale is required. A complete site plan will include all the site features and information listed below (depending on your site and scope of project, of course). Assume all items are required unless they are not applicable (N/A) or not relevant to your project or project site.

Property information, including relevant zoning code, topography, site features, etc., for your property may be obtained from [City of Chelan Maps](#).

The last page includes a sample site plan, showing a majority of the items listed below.

GENERAL SITE FEATURES AND INFORMATION

Whenever new construction or exterior work is proposed, it is important to identify the piece of property where the work is to occur, the relationship of that work to nearby properties and streets, and the scope of the work that is to occur. It is recommended that the site plan be prepared by a licensed professional.

	Required	N/A
The property owner's name , the assessor's parcel number and the site's address .	<input type="checkbox"/>	
A North arrow indicating the direction North.	<input type="checkbox"/>	
The maps scale . A scale of 1" = 10' is typical, but not less than ¼" = 1'.	<input type="checkbox"/>	
All property lines , easements (utilities, access, etc.), and site dimensions including bearings and distances.	<input type="checkbox"/>	
The dimensions between buildings, and from buildings (including overhangs and projects) to all property lines.	<input type="checkbox"/>	<input type="checkbox"/>
Label structures to be demolished , such as detached garage, shed, single family house.	<input type="checkbox"/>	<input type="checkbox"/>
The locations and square footage of all existing and/or proposed driveways, walkways, decks, patios and other impervious surfaces , indicating surface materials and dimensions.	<input type="checkbox"/>	<input type="checkbox"/>
Clear distinction between any existing and proposed buildings or site features.	<input type="checkbox"/>	<input type="checkbox"/>
All streets and alleys , with street names . Note the nearest cross street.	<input type="checkbox"/>	<input type="checkbox"/>
The location, dimensions and square footages of all existing and proposed buildings.	<input type="checkbox"/>	<input type="checkbox"/>
The use of each building or area (garage, residence, ADU, show shed, etc.). Including retaining walls, rockeries, and the like.	<input type="checkbox"/>	<input type="checkbox"/>
Finished grades , and steep slopes (15% or greater) and/or fill areas .	<input type="checkbox"/>	<input type="checkbox"/>
The height of fences, decks, retaining walls, rockeries and other similar elements.	<input type="checkbox"/>	<input type="checkbox"/>
Finished floor elevations , including garage floor.	<input type="checkbox"/>	<input type="checkbox"/>
If a geotechnical report has been provided, ensure any relevant geotechnical recommendations are clearly shown, such as identified landslide areas and buffers.	<input type="checkbox"/>	<input type="checkbox"/>

PLANNING SITE FEATURES AND INFORMATION

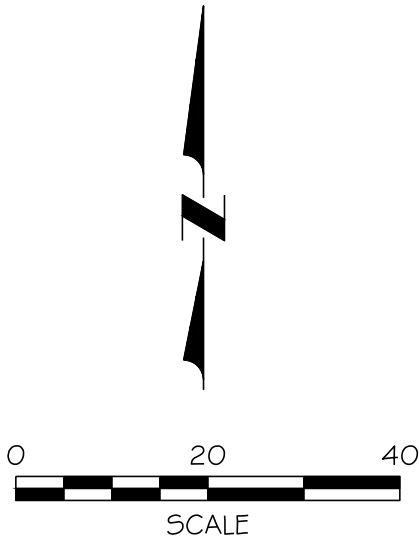
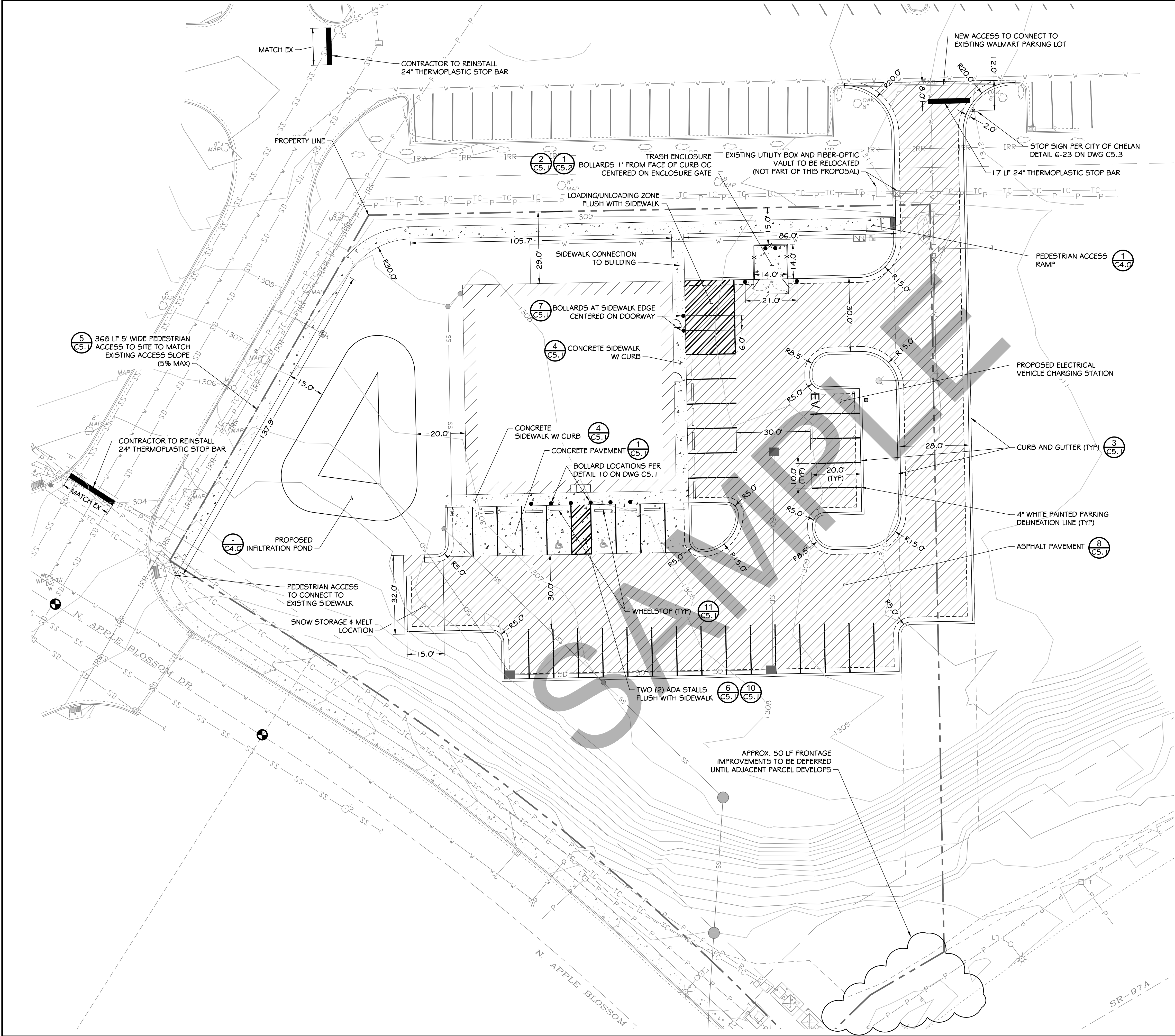
Whenever new construction or exterior work is proposed, certain information must be provided to ensure that the City of Chelan Zoning Code requirements are being met.

	Required	N/A
Required yards. Front, side, and rear yards (setbacks) shall be measured from the property lines or vehicular access easements.	<input type="checkbox"/>	<input type="checkbox"/>
Existing topography of site (extending 30' beyond property lines) shown with 2-foot contour intervals in relation to a benchmark within the adjacent public right-of-way. Also show said benchmark, which can be sewer manhole cover or other fixed point approved by the Planning Department	<input type="checkbox"/>	<input type="checkbox"/>
Creek, steams, ponds, lakes, or wetlands on or within 100' of the subject property. If the Planning Official determines that the building site is in an environmentally sensitive area, additional information will be required (e.g., soils report, environmental checklist, hold harmless agreement, special inspection. Etc.).	<input type="checkbox"/>	<input type="checkbox"/>
Relevant Average Building Elevation (ABE) information, including existing ground elevations at Midpoints of wall segments, average building elevation calculations, and benchmark elevations. If provided on a separate sheet, indicate which sheet.	<input type="checkbox"/>	<input type="checkbox"/>
Lot coverage (area of impervious surfaces) and supporting calculations. Provide separate subtotals for buildings, driveways/parking area, and walkways/patios. Identify existing, proposed, and replaced impervious surfaces.	<input type="checkbox"/>	<input type="checkbox"/>
Floor Area Ratio (FAR) calculations shall be provided by structure (garage, house, she, etc.) and area (in square feet) by floor (basement, 1 st Floor, 2 nd floor, attic) of existing and proposed structures	<input type="checkbox"/>	<input type="checkbox"/>
Shoreline Master Program (SMP) Standards for parcels within the shoreline jurisdiction.	<input type="checkbox"/>	<input type="checkbox"/>
Landscaping Plan requirements shall be provided for two-family dwellings and townhouses.	<input type="checkbox"/>	<input type="checkbox"/>

PUBLIC WORKS SITE FEATURES AND INFORMATION

Public rights-of-way, storm drainage, sanitary sewer, water supply, and land surface conditions can all be affected when new construction or modifications to existing buildings occur. The Public Works Department must ensure that proposed work has taken all these items into consideration. See Public Works Development Standards Chapter 7.

	Required	N/A
Locations of existing or proposed utilities such as water, sewer, electricity, gas, storm drainage, septic tanks, other underground storage tanks, drainfields and reserve drainfield areas, etc., and existing underground improvements within ten (10) feet of where they will connect to the public system in the right-of-way.	<input type="checkbox"/>	<input type="checkbox"/>
Erosion and Sedimentation Control Plan (ESCP) should include both a site plan and a narrative report with all necessary details to illustrate how the plan is to be implemented.	<input type="checkbox"/>	<input type="checkbox"/>
Existing improvements within the right-of-way showing sidewalks, curb or curb and gutter, storm drainpipe, catch basin, trees, and overhead and underground utility lines and power poles.	<input type="checkbox"/>	<input type="checkbox"/>
All surface water (creeks, streams, ponds, wetland, etc.) within 100 feet of the property.	<input type="checkbox"/>	<input type="checkbox"/>



CHELAN, WASHINGTON		SITE PLAN	
DESIGNED BY	APPROVED BY	DATE	JOB NO: 10182000001
DRAWN BY	CHECKED BY	MRS	3-16-2021
CALL UNDERGROUND LOCATE TWO (2) WORKING DAYS BEFORE YOU DIG 811			
PERMIT DRAWINGS		C3.0	
SHEET 4 OF 16			

NO	DATE	BY	CHD/APPR	REVISION

STRUCTURAL PLANS CHECKLIST

Applications for building permits will not be accepted unless the following items are supplied with your application for a permit. Complete and submit an electronic set of building plans drawn to ¼ scale, unless the Building Official authorized a different scale in writing. *Buildings must comply with the correct design criteria.*

APPLICANT <i>ELECTRONIC</i> SUBMITTAL ITEMS			
	YES	N/A	
1.	<input type="checkbox"/>	<input type="checkbox"/>	FOUNDATION PLAN: <input type="checkbox"/> 8' max height on top restrained and 4' on cantilevered foundation walls, otherwise engineering is required. <input type="checkbox"/> All pads and dimensions (<i>deck, porches, patios</i>) <input type="checkbox"/> Girders, posts, floor joists, slabs <input type="checkbox"/> Access and ventilation <input type="checkbox"/> Slab insulation location (<i>if applicable</i>) <input type="checkbox"/> Retaining Walls
2.	<input type="checkbox"/>	<input type="checkbox"/>	BUILDING PLANS MUST BE DRAWN AT ¼ SCALE FLOOR PLANS: <input type="checkbox"/> All spaces labeled by use (<i>office, retail, etc.</i>) <input type="checkbox"/> New vs. existing (<i>if addition or remodel</i>) <input type="checkbox"/> All door and window sizes including door swing <input type="checkbox"/> Stairs with direction (<i>up or down</i>) <input type="checkbox"/> Location and fuel source for appliances <input type="checkbox"/> Decks and patios <input type="checkbox"/> Unheated spaces clearly marked <input type="checkbox"/> Guardrail and handrail details <input type="checkbox"/> Smoke detector locations FRAMING PLANS: <input type="checkbox"/> Floor framing plans (<i>each floor</i>) <input type="checkbox"/> Roof framing plans <input type="checkbox"/> Decks and patio framing
3.	<input type="checkbox"/>	<input type="checkbox"/>	ENGINEERING (<i>if applicable</i>): <input type="checkbox"/> Engineering shall be stamped and signed by an Engineer or Architect on building plans and calculations. (<i>stamp required</i>) <input type="checkbox"/> Retaining walls over four ft. in height require engineering (<i>measured from the top of the footing to the top of wall</i>). <input type="checkbox"/> Lateral bracing <input type="checkbox"/> Overhangs or cantilevers beyond conventional construction provisions or beyond those recommended by product manufacturer. <input type="checkbox"/> Beams or columns having unusual loads. <input type="checkbox"/> Soils/geotechnical reports where applicable (<i>contact the Building Division for more information</i>).
4.	<input type="checkbox"/>	<input type="checkbox"/>	PLUMBING: <input type="checkbox"/> List the number of each type of plumbing fixture to be installed. Pressure reducer on water supply is required where pressure exceeds 80 lbs. <input type="checkbox"/> Sink(s)/Laundry sink(s) <input type="checkbox"/> Lavatory Sink(s) <input type="checkbox"/> Toilet(s) <input type="checkbox"/> Water Heater

Continued on Next Page

STRUCTURAL PLANS CHECKLIST

(Continued)

5.	<input type="checkbox"/>	<input type="checkbox"/>	MECHANICAL SYSTEM: <ul style="list-style-type: none"> <input type="checkbox"/> Check types of mechanical systems being installed. Forced Air Heating systems need to be provided with chases for supply and returns so structural walls are not cut. <input type="checkbox"/> Supply and return are provided with adequate chase to upper floors, are shown on plans. <input type="checkbox"/> Heat Pump <input type="checkbox"/> Central Furnace <input type="checkbox"/> Wood stove / Fireplace (<i>cannot be the primary heat source</i>). <input type="checkbox"/> Other
6.	<input type="checkbox"/>	<input type="checkbox"/>	CROSS SECTION: <ul style="list-style-type: none"> <input type="checkbox"/> Foundation Dimensions <input type="checkbox"/> Reinforcement steel shown or noted as specification on plans. <input type="checkbox"/> Insulation (<i>walls, floors, ceiling, slab</i>) <input type="checkbox"/> Framing Details <input type="checkbox"/> Stair and Landings <input type="checkbox"/> Roof Details (<i>include roofing materials</i>) <input type="checkbox"/> Lateral Bracing
7.	<input type="checkbox"/>	<input type="checkbox"/>	ELEVATIONS (<i>four views are required</i>): <ul style="list-style-type: none"> <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Existing elevation grades must be accurately shown and labeled in feet. <input type="checkbox"/> Final elevation grades must be accurately shown and labeled in feet. <input type="checkbox"/> New vs. existing clearly shown (<i>for remodels & additions</i>)
8.	<input type="checkbox"/>	<input type="checkbox"/>	WASHINGTON STATE ENERGY CODE COMPLIANCE (NON-RESIDENTIAL): Energy code forms must be submitted with building plans. Prescriptive forms are available at this office or on the internet at: http://www.neec.net/energy-codes <input type="checkbox"/> Heat Loss Calculations
9.	<input type="checkbox"/>	<input type="checkbox"/>	DARK SKY Demonstrate compliance with the dark sky ordinance with no light trespass. Quartz and vapor lamps are prohibited. See elevation drawings and site plan requirements.

Figure 3. Sample Site Plan showing "cross slope"

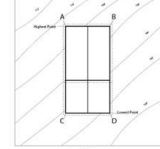
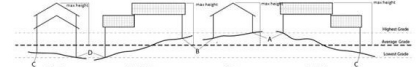


Figure 4. Sloped Lot Building Elevations Showing Existing Grade and Height (for a Gabled roof)



Elevation and Site Plan Example

SIGNAGE

A separate permit is required for any exterior signage.

LICENSING REQUIREMENTS

1. Contractors must be licensed as required by Washington State law.
2. Business license required within the City limits.

PARKING:

The City of Chelan has a code requiring a minimum number of parking spaces for each type of use. Contact: City of Public Works Department (509)682-8030.

OTHER INFORMATION AND REQUIREMENTS:

1. Design minimums:

Roof snow load -	40 lb. PSF
Ground snow load -	50 lb. PSF
Wind -	85 mph / 110 mph
Exposure	"C" typical
Frost Line –	18"
Seismic Design Category:	
Residential	"C"
All Others	"D"
Energy Code Climate Zone -	2
2. Architect/Engineer design and calculations required for buildings over 4,000 sq. ft. (new, addition or remodeled) and/or more than four dwelling units. RCW 18.08.410.
3. SEPA (State Environmental Policy Act) Environmental Checklist: You must complete an environmental checklist if your project meets any of the following criteria:
 - a. The construction or location of any residential structures with more than four dwelling units.
 - b. The construction of an office, school commercial, recreational, service or storage building more than 4,000 sq. ft..
 - c. The construction of a parking lot designed for 20 automobiles.
 - d. Any landfill or excavation of more than 100 cubic yards throughout the total lifetime of the fill or excavation.

Please allow a minimum of four to six weeks for review.

4. Shoreline Substantial Development Permit:
For work within 200' of Lake Chelan. Please allow a minimum of 90 days for review.
5. Conditional use permits, variances, SEPA review, shoreline substantial development permits shall be approved prior to building permit issuance.
6. Chelan-Douglas Health District permit required for all food services. Contact: (509)886-6400
7. Public swimming pools require Chelan-Douglas Health District review and approval. (509)886-6400
8. Elevator Permit. Contact: Labor & Industries (360)902-6130.
9. Electrical Permit. Contact: Labor & Industries (509)886-6500.
10. Plumbing and Mechanical permits. Contact: City of Chelan.

PLEASE REFER TO THE INTERNATIONAL BUILDING CODE, INTERNATIONAL FIRE CODE, INTERNATIONAL MECHANICAL CODE, UNIFORM PLUMBING CODE, CITY OF CHELAN MUNICIPAL CODE AND DEVELOPMENT STANDARDS FOR CODE REQUIREMENTS.

The department director may require additional information or materials when necessary to augment a permit application.

If you have any questions concerning your application submittal, please call the City of Chelan Planning and Building Department at (509)682-8017.

SIGN PERMITS AND FILL AND GRADE PERMITS MUST BE OBTAINED SEPARATELY FROM THE CITY BUILDING DEPARTMENT. RIGHT-OF-WAY EXCAVATION PERMITS MUST BE OBTAINED FROM THE CITY OF CHELAN DEPARTMENT OF PUBLIC WORKS.

	<div style="text-align: right;"> CONSTRUCTION BULLETIN IBC Summary Statement of Special Inspections March 2021 </div> <div style="text-align: center; margin-top: 20px;"> 2018 INTERNATIONAL BUILDING CODE </div>
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PROJECT _____ PERMIT # _____

ADDRESS _____ DATE _____

Summary Statement of Special Inspections

In accordance to Section 1704.2.3, the applicant shall submit a statement of special inspections as a condition for permit issuance. When special inspection is required to be performed, the **owner**, or the **registered design professional in responsible charge** acting as the owner's agent, is required to hire an independent testing/inspection agency to perform required special inspections.

The independent agency hired to perform the duties of special inspection is required to be a registered agency with Washington Association of Building Officials (WABO), under the Special Inspection Registration Program (SIRP) Standard No. 1701 or most current adopted special inspection standard published by WABO.

The design professional shall complete the attached forms and submit them to the Building Department prior to issuance of the building permit. The special inspectors assigned to any project within the Jurisdiction shall be currently registered with WABO and certified for the disciplines assigned.

The Schedule of Special Inspections summarizes the Special Inspections and tests required. Special Inspectors will refer to the approved plans and specifications for detailed special inspection requirements. Any additional tests and inspections required by the approved plans and specifications will also be performed.

A Final Report of Special Inspections documenting required Special Inspections, testing and correction of any discrepancies noted in the inspections shall be submitted prior to issuance of a Certificate of Use and Occupancy (Section 1704.2.4).

Prepared by:

Registered Design Professional in Responsible Charge: _____

The following are the testing agencies and special inspectors that will be retained to conduct tests and inspection on this project:

Responsibility	Firm	Address, Telephone, e-mail
1. Special Inspection Agency (except for geotechnical)		
2. Material Testing Agency (Laboratory)		
3. Geotechnical Inspection Agency		
4. Other		
5. Other		

GENERAL INFORMATION:

- Obtain a building permit before starting construction.
- This construction bulletin is intended to provide guidelines and a checklist of some special inspections that may be required per 2018 IBC. Additional information can be found at your local building department.

Summary of Special Inspection

For this project, check the required inspections per IBC Chapter 17

Architect	S Engr	MEP Engr	Special Inspections and tests	Notes
	<input type="checkbox"/>		1705.1.1 Special Cases	
	<input type="checkbox"/>		1705.2 Steel construction	
	<input type="checkbox"/>		1705.2.1 Structural Steel	
	<input type="checkbox"/>		1705.2.2 Cold-formed steel deck	
	<input type="checkbox"/>		1705.2.3 Open-web steel joists and joist girders	
	<input type="checkbox"/>		1705.2.4 Cold-formed steel joists and joist girders	
	<input type="checkbox"/>		1705.3 Concrete construction	
	<input type="checkbox"/>		1705.3 Concrete, reinf. & anchors (pre- or post-installed)	
	<input type="checkbox"/>		1705.3.1 Welding of reinforcing bars	
	<input type="checkbox"/>		1705.3.2 Material tests	
	<input type="checkbox"/>		1705.4 Masonry construction	
	<input type="checkbox"/>		1705.5 Wood construction	
	<input type="checkbox"/>		1705.5.1 High-load diaphragms	
	<input type="checkbox"/>		1705.5.2 Metal-plate-connected wood trusses	
	<input type="checkbox"/>		1705.5.3 Mass timber construction	
	<input type="checkbox"/>		1705.6 Soils	
	<input type="checkbox"/>		1705.7 Driven deep foundations	
	<input type="checkbox"/>		1705.8 Cast-in-place deep foundations	
	<input type="checkbox"/>		1705.9 Helical pile foundations	
	<input type="checkbox"/>		1705.10 Fabricated items**	
	<input type="checkbox"/>		1705.11 Special inspections for wind resistance	
	<input type="checkbox"/>		1705.11.1 Structural wood	
	<input type="checkbox"/>		1705.11.2 Cold-formed steel light framed construction	
	<input type="checkbox"/>		1705.11.3 Wind resisting components	
	<input type="checkbox"/>		1705.12 Seismic force-resisting systems	
	<input type="checkbox"/>		1705.12.1 Structural steel	
	<input type="checkbox"/>		1705.12.2 Structural wood	
	<input type="checkbox"/>		1705.12.3 Cold-formed steel light framed construction	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1705.12.4 Designated seismic systems	
<input type="checkbox"/>	<input type="checkbox"/>		1705.12.5 Architectural components	
	<input type="checkbox"/>	<input type="checkbox"/>	1705.12.6 Plumbing, mechanical and electrical components	
<input type="checkbox"/>	<input type="checkbox"/>		1705.12.7 Storage racks	
	<input type="checkbox"/>		1705.12.8 Seismic isolation systems	
	<input type="checkbox"/>		1705.12.9 Cold-formed steel special bolted moment frames	
	<input type="checkbox"/>		1705.13 Testing for seismic resistance	
	<input type="checkbox"/>		1705.13.1 Structural steel	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1705.13.2 Nonstructural components	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1705.13.3 Designated seismic systems	
	<input type="checkbox"/>		1705.13.4 Seismic isolation systems	
<input type="checkbox"/>			1705.14 Sprayed fire-resistant materials	
<input type="checkbox"/>			1705.15 Mastic and intumescent fire-resistant coatings	
			1705.16 Exterior insulation and finish systems (IEFS)	
<input type="checkbox"/>			1705.17 Fire-resistant penetrations and joints	
<input type="checkbox"/>			1705.17.1 Penetration firestops	
<input type="checkbox"/>			1705.17.2 Fire-resistant joint systems	
<input type="checkbox"/>		<input type="checkbox"/>	1705.18 Testing for smoke control	
<input type="checkbox"/>			1705.19 Sealing of mass timber	

** Off-site special inspection is not required when approved by the building official. See MBP construction tip sheet "Approved Fabricators" online.

GENERAL INFORMATION:

- Obtain a building permit before starting construction.
- This construction bulletin is intended to provide guidelines and a checklist of some special inspections that may be required per 2018 IBC. Additional information can be found at your local building department.

Seismic Requirements (IBC 1704.3.2)

Describe the seismic force resisting system and designated seismic systems subject to special inspections in accordance with IBC 1705.12 or 1705.13

The extent of seismic force resisting system and designated seismic systems are defined in more details in the construction documents.

Wind Requirements (IBC 1704.3.3)

Describe the wind force resisting systems and wind resisting components subject to special inspections in accordance with IBC 1705.11

The extent of wind force resisting system is defined in more details in the construction documents.

Structural Observation (IBC 1704.6)

Describe frequency and extent of structural observations when required by the provisions of IBC 1704.6.1, 1704.6.2 or 1704.6.3

The extent of structural observation is defined in more details in the construction documents.

GENERAL INFORMATION:

- Obtain a building permit before starting construction.
- This construction bulletin is intended to provide guidelines and a checklist of some special inspections that may be required per 2018 IBC. Additional information can be found at your local building department.

INTENTIONALLY BLANK

A. Owner Responsibilities

The owner or the design professional in responsible charge acting as the owner's agent, shall fund special inspection services. The owner is responsible for seeing that these requirements are met.

I have read and understand my responsibilities regarding special inspections.

Owner/

Agent: _____ By: _____ Date: _____

B. Registered Design Professional Responsibilities

1. The registered design professional in responsible charge (engineer, or architect), shall include special inspection requirements and specifications on the plans.
2. Provide structural observation where required per IBC Section 1704.6.
3. Prepare the Statement of Special Inspections in accordance with IBC section 1704.3 and identify Structural Testing for Seismic Resistance per IBC section 1704.3.2 (When required). The statement of special inspections shall identify items fabricated on the premises of an approved fabricator where special inspections are not required by section 1704.2.5.
4. Review the special inspection reports and provide corrective action for work that may not conform to the approved plans.

I have read and understand my responsibilities regarding special inspections.

Registered Design

Professional in

Resp. Charge: _____

By: _____ Date: _____

Structural

Engineer

of Record: _____

By: _____ Date: _____

C. Contractor's Responsibilities

1. Notify the agency:
The contractor is responsible for notifying the inspection agency in sufficient time for scheduling personnel to perform required inspections.
2. Written statement of responsibility:
Contractor shall complete this form to satisfy IBC 1704.4 Contractor responsibility for construction of designated main-wind or seismic force resisting system. Additional information shall be provided where requested by the jurisdiction.
3. Provide access to Jurisdiction approved plans:
The approved plans shall be readily accessible at the job site.
4. Provide access to work:
The contractor shall provide reasonable access to all work requiring special inspection.
5. Retaining special inspection reports at the job site:
The contractor is also responsible for retaining at the job site all special inspection records submitted by the special inspector, and providing these records for review by the Building Department's inspector upon request.
6. Notify Jurisdiction of special inspections prior to scheduled inspection time.
7. Provide a copy of special inspector's credentials when requested by the jurisdiction.

I have read and understand my responsibilities regarding special inspections.

Contractor: _____ By: _____ Date: _____

D. Duties of the Special Inspector

1. **Inspect and/or test the work:**
The inspector shall inspect and /or test the work for compliance with the Jurisdiction approved plans, specifications, and applicable provisions of the IBC. The architect/engineer's reviewed shop drawings, and/or placement drawings, may be used only as an aid to inspections.
 - **Continuous Special Inspection** – The full-time observation of work requiring special inspection by an approved special inspector who is present in the area where the work is being performed.
 - **Periodic Special Inspection** – The part-time or intermittent observation of work requiring special inspection by an approved special inspector who is present in the area where the work is being performed and at the completion of the work report non-conforming items:

GENERAL INFORMATION:

- Obtain a building permit before starting construction.
- This construction bulletin is intended to provide guidelines and a checklist of some special inspections that may be required per 2018 IBC. Additional information can be found at your local building department.

The inspector shall bring non-conforming items to the immediate attention of the contractor and note all such items in the daily report. If any item is not resolved in a timely manner and is about to be incorporated in the work, the special inspector shall immediately notify the Building Department, the engineer or architect, his/her office.

2. **Furnish daily reports:**

The special inspector shall complete a daily report for each day's inspections. The daily reports shall remain at the job site with the contractor for the Building Department's inspector. The reports shall include the following:

- a. *Name of special inspector with WABO certification number and certification type, date, time, temperature and weather conditions.*
- b. *Description of the inspections, with locations and tests performed.*
- c. *Listing any non-conforming items.*
- d. *Include how items were resolved or unresolved.*
- e. *List any changes or corrections to non-conforming issues authorized by the engineer, architect, or Jurisdiction's building inspectors.*

3. **Furnish weekly reports:**

The inspection agency shall furnish weekly reports of the tests and inspections performed directly to the Building Department, project engineer, architect, and/or others as designated.

4. **Furnish final report:**

The inspection agency shall submit a final signed report to the Building Department stating that all items requiring special inspections and testing were fulfilled, all discrepancies were corrected or resolved, and all work requiring special inspections is in conformance with the approved design drawings and specifications.

- Any items unresolved or discrepancies in coverage (i.e., missed inspections, periodic inspections when continuous was required, etc.) shall be specifically itemized in this report.

I have read and understand my responsibilities regarding special inspections.

Special Inspection

Agency: _____ By: _____ Date: _____

Material Testing

Agency: _____ By: _____ Date: _____

Geotechnical Inspection

Agency: _____ By: _____ Date: _____

Other: _____ By: _____ Date: _____

Other: _____ By: _____ Date: _____

E. Submittals to the Building Official

1. In addition to the submittal of reports of special inspections and tests by the approved special inspection agency in accordance with IBC Section 1704.2.4, reports and certificates shall be submitted by the owner or the owner's authorized agent to the building official for items listed in IBC 1704.5.

F. Jurisdiction

1. The Jurisdiction will review the implementation of Structural Tests and Special Inspection requirements.
2. Review special inspections:
The Building Department shall review all special inspectors and special inspection requirements found in IBC Chapter 17 and the WABO - SIRP Standards 1701.
3. Monitor special inspections:
Work requiring special inspections, and the performance of special inspectors, may be monitored by the Building Department's inspector. The jurisdiction's approval must be obtained prior to placement of concrete or other similar activities in addition to that of the special inspector.
4. Perform inspections as required by the local building code.
5. Issue Certificate of Occupancy:
The Building Department will only issue a Certificate of Occupancy after all special inspection reports and the final special inspection report, have been submitted and accepted.

Building Official: _____ Date: _____

GENERAL INFORMATION:

- Obtain a building permit before starting construction.
- This construction bulletin is intended to provide guidelines and a checklist of some special inspections that may be required per 2018 IBC. Additional information can be found at your local building department.

City/County of _____ Permit No: _____ Date: _____

Project Name/Address: _____

Based upon inspections performed and my substantiating reports, it is my professional judgement that , to the best of my knowledge, the inspected work was performed in accordance with the approved plans, specifications and applicable workmanship provisions of the International Building Code.

Print full name: _____ ID/Certificate Number: _____

Cc: Project Owner