



Permit No: _____

CITY OF CHELAN

DEPARTMENT OF COMMUNITY DEVELOPMENT
135 E JOHNSON AVE., PO BOX 1669, CHELAN, WA 98816
TELEPHONE: (509) 682-8017

MANUFACTURED HOME BUILDING PERMIT APPLICATION

MANUFACTURED HOME, MOBILE HOME, PARK MODEL HOME

Parcel Number (APN): _____	Lot Size: _____ (Acres)
Parcel Address: _____	City/Zip: _____
Abbreviated Legal Description: _____	
Property Owner(s): _____	
Mailing Address: _____	
City/State/Zip: _____	Phone: _____
E-mail: _____	<input type="checkbox"/> <i>Copy of Recorded Deed is required as an attachment.</i>

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

Contractor's Name: _____	City Business Lic. No.: _____
Contractor's License Number: _____	Contractor Lic. Expiration: _____
Mailing Address: _____	
City/State/Zip: _____	Phone: _____
Email: _____	

Application For:	<input type="checkbox"/> Manufactured Home	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Park Model Home
Make/Model: _____	Year: _____	VIN#: _____	
Footprint Dimensions: _____	No. of Bedrooms: _____	Type of Skirting: _____	
Name of Certified Installer: _____	WAINS #: _____		
Home Height: _____ (ft.)	Rated Snow Load for proposed Manufactured Home: _____ (lbs.*)		
*Home must meet the required snow load for the area of placement. If unable to meet required snow load, application for snow roof cover must be made with this application. Ground Snow Load: 50 PSF, Roof Snow Load: 40 PSF.			
<input type="checkbox"/> Applying for Snow Roof Cover: Proposed Snow Roof Cover Dimensions: _____ (ft.) Snow Roof Height: _____ (ft.)			
Will this structure be used as a Vacation/Transient Rental for less than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Label Existing/Finished Grade on all 4 elevation views of Building Plans			
<input type="checkbox"/> Retaining Wall(s): Length: _____ (ft.) Height: _____ (ft.) <input type="checkbox"/> Propane Tank Size: _____ (gallons)			
Impervious Surface (IS) Information in Square Feet:			
Refer to Chelan County Code Section 13.16.020 (16) 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.)			
NOTE: Manufactured Homes with modifications, attachments, and/or built prior to June 15, 1976 require an alteration permit from the Department of Labor & Industries prior to submittal of building permit application.			

⓪ FOR OFFICIAL USE ONLY ⓪

Received By & Date: _____	Zoning Approval & Date: _____	Building/Fire Approval & Date: _____	Intake Fees Paid: _____
			Final Fees Paid: _____
	Zoning: _____	Snow Load: _____	

Sanitation Disposal:

☐ Sewer ☐ Septic Permit #: _____ ☐ Existing ☐ New

☐ *Provide copy of septic permit, 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"/> <i>Label and identify on site plan.</i>
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"/> <i>Label and identify on site plan.</i>
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: avalanche areas, landslide areas, areas of soil erosion, or areas of historic slope failure? <input type="checkbox"/> Yes <input type="checkbox"/> No, (<i>Circle applicable</i>)
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: _____
<i>*May involve height restrictions, a wetland delineation, a geologic site assessment, and additional setback requirements. Inquire with Chelan County Department of Community Development.</i>	

If applicable: (Required by RCW 19.27.095)

Lending Agency Name: _____ Phone: _____
 Address: _____
 Contractor's Bonding Firm: _____ Phone: _____
 Address: _____

I (We) certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true, correct and complete to the best of my (our) knowledge. I (We) further certify (or declare) that all Easements, Deed Restrictions, other encumbrances, and/or issues restricting or affecting the use or condition of the property have been accurately disclosed to the best of my (our) knowledge and are shown on the site plan submitted with this application. I (We) understand that encroachment and/or building into easements, deed restrictions or other encumbrances are my (our) responsibility and not the City of Chelan's. I (We) further affirm that by my (our) signature below that I (we) have obtained legal permission to build within or encumber all easements on this property. Owner hereby releases, discharges, indemnifies and holds harmless the City from and against any and all claims, demands, causes of action, suits or judgments (including costs and expenses incurred in connection therewith) by both the easement holder or encumbered person(s) arising out of or in connection with the City's issuance of a building permit. I (We) certify (or declare) that I (We) am the owner of the property or have been given authorization from the property owner to obtain this permit. I (We) further agree to comply with the International Building, Residential, Fire, Mechanical, Plumbing, and all applicable City Codes. Applicant/Owner(s) assumes all risk and liability for any claims and liabilities.

Owner/Applicant Signature: _____ **Date:** _____

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 <i>METER INSTALLATION</i> , WATER SERVICE CHARGES WILL COMMENCE.	
UPON COMPLETION OF <i>APPROVED SEWER CONNECTION</i> , 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:	

INTENTIONALLY BLANK

SITE PLAN CHECKLIST

- ☐ 1 electronic copy of site plan is required. Must be drawn to standard engineering/architect's scale, not to exceed 1"=100'. Indicate the scale used. Must include North arrow,
- ☐ Label all property lines/boundaries, dimensions, and area of lot/parcel (square feet or acreage).
- ☐ Label the location, size, and use of all existing building(s). Identify the distance between property lines and buildings. Label structures with previous building permit number(s) issued if applicable.
- ☐ Label the location, size, and use of all proposed structure(s) (temporary or permanent) to include dimensions of all decks, porches, cantilevers, bay windows, roof overhangs, retaining walls, patios, chimneys, landings and stairs.
- ☐ Identify the location, dimensions and volume of all existing and proposed propane tanks, fuel tanks, etc., both above ground and underground, as well as setback from property lines.
- ☐ Identify land features such as top and bottom of slopes, direction of slope and any areas of erosion.
- ☐ Identify and label all water features to include, ponds, springs, ravines, streams, creeks, lakes, rivers, irrigation laterals, canals, ditches, wetlands, bogs, areas of saturated ground, flood plain, floodway. Identify the closest distance between the ordinary high water mark and proposed/existing structures.
- ☐ Label the name and width of roads bordering the property and indicate whether they are public or private.
- ☐ Locate the width of existing and proposed driveways/accesses serving each structure. Include stormwater control facilities such as drains, detention ponds, connection lines, catch basins, etc.
- ☐ Label all existing and proposed parking spaces/areas. Parking in residential districts is typically not allowed in the front yard setback area. All parking shall have durable and dustless surfaces suited to all weather use, unless required otherwise. If applicable, show handicapped parking and accessible routes to the structure and within the site to other structures and features.
- ☐ Identify and label all easements and widths, deed restrictions, other encumbrances, and/or issues restricting or affecting the use or condition of the property, including but not limited to access, utilities, railroads, irrigation and overhead power. Include the Auditor's file number(s).
BEFORE ANY DEVELOPMENT OCCURS, PLEASE CALL 1-509-661-8400 TO LOCATE ANY PUD EASEMENTS!
- ☐ Show the location of all existing and proposed overhead and underground utilities including, but not limited to water, sewer, gas, and electrical.
- ☐ Identify location of water lines, well and sanitary control radius. Note: A sanitary control radius around an off-site well may impact your project if it overlaps onto your parcel.
- ☐ Identify location of all well(s), septic/pump tank, drain field, reserve area and tight line involving the proposed structure(s). Show the distance from proposed structure(s) to septic tank, drain field, drinking water well source(s), and any water body, wetland area and/or flood plain to ensure they meet the required horizontal setbacks from each other and property lines. See Chelan Douglas Health District Horizontal Setback Table for details. If applicable, the approved Health District and County site plan must be identical.
- ☐ If drinking water wells, septic tank/drain field is off site, please show the location of these systems on the adjacent property or properties and provide a copy of the easement agreement(s).
- ☐ If applicable, identify existing and proposed landscaping, screening and/or fencing. (Show type of landscaping, size, spacing, and provisions for irrigation).
- ☐ If applicable, include outdoor lighting and signage. Label each as existing or proposed.

I (We) certify under penalty of perjury and under the laws of the State of Washington the foregoing is true, correct and complete to the best of my (our) knowledge. I (We) further certify that all Easements, Deed Restrictions, other encumbrances, and/or issues restricting or affecting the use or condition of the property have been disclosed to the best of my (our) knowledge and are shown on the site plan submitted with this application. I (we) further affirm that by my (our) signature below that I (we) have obtained legal permission to build within or encumber all easements on this property. Applicant/Owner(s) assumes all risk and liability for any claims and liabilities.

Print Owner/Applicant Name: _____

Signature: _____ Date: _____

MANUFACTURED HOME 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 llwilliams@cityofchelan.us and cdebruin@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"/>	Complete Application Water Meter Installation Form Ownership Certification Form, signed and notarized Previous Building Permits and Status? Have Easements Been Disclosed?
2.	<input type="checkbox"/>	<input type="checkbox"/>	Deed / Legal Description (<i>Attached</i>)
3.	<input type="checkbox"/> <input type="checkbox"/>	<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? (Refer to Respective Files)
4.	<input type="checkbox"/>	<input type="checkbox"/>	Geotechnical Report if Slope is > 30%
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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	BUILDING PLANS IN ARCHITECTUAL SCALE Foundation Plan Floor Plan (<i>each floor level</i>) Means of Egress Plan Floor Framing (<i>each floor & decks</i>) Roof Framing Plan Engineering (<i>stamp required</i>) <i>(Verify design criteria w/the Building Division)</i> T Mechanical and Plumbing systems Cross-section(s) Elevation Drawings (All four sides) Finished & Existing Grade shown and labeled Elevation of Building Site: _____ (ft.) Stormwater Plan (If Applicable)
6.	<input type="checkbox"/>	<input type="checkbox"/>	Copy of Contractor's License (<i>Unexpired</i>)
7.	<input type="checkbox"/>	<input type="checkbox"/>	Cross Connection Control Survey
8.	<input type="checkbox"/>	<input type="checkbox"/>	Site Plan (<i>Please refer to site plan checklist</i>)
9.	<input type="checkbox"/>	<input type="checkbox"/>	Submittal Fees Paid
<p>PLEASE SUBMIT THIS SHEET WITH YOUR APPLICATION</p> <p>APPLICATIONS ARE REVIEWED FOR ZONING, SETBACKS AND BUILDING PLAN COMPLIANCE. THE DEPARTMENT WILL NOTIFY THE APPLICANT ONCE THE APPLICATION IS READY FOR ISSUANCE.</p>			

STRUCTURAL PLANS CHECKLIST

SNOW ROOF COVER REQUIREMENTS APPLICABLE FOR: MANUFACTURED HOME, MOBILE HOME, PARK MODEL HOME

Applications for building permits will not be accepted unless the following items are supplied with your application for a permit. Complete and submit two sets of building plans drawn to ¼ scale, unless the Building Official authorized a different scale in writing. *Please contact the building department with your building site elevation in order to determine the required snow load. Buildings must comply with the correct design criteria.*

APPLICANT SUBMITTAL ITEMS			
	YES	N/A	
1.	<input type="checkbox"/>	<input type="checkbox"/>	FOUNDATION PLAN: <input type="checkbox"/> All pads and dimensions (<i>home, deck, porches, patios</i>)
2.	<input type="checkbox"/>	<input type="checkbox"/>	BUILDING PLANS MUST BE DRAWN AT ¼ SCALE <input type="checkbox"/> Footing and Post plans <input type="checkbox"/> Roof framing plans <input type="checkbox"/> Floor Plan
3.	<input type="checkbox"/>	<input type="checkbox"/>	ENGINEERING (if applicable): <input type="checkbox"/> Engineering shall be stamped and signed by an Engineer or Architect and be transferred to building plans and calculations. One original seal/signature is required. <input type="checkbox"/> Retaining walls over six ft. in height require engineering (<i>measured from the bottom of the footing to the top of wall</i>). Any retaining wall with a surcharge requires a permit <input type="checkbox"/> Soils/Geotechnical reports required where applicable (<i>contact the Building Division for more information</i>).
4.	<input type="checkbox"/>	<input type="checkbox"/>	CROSS SECTION: <input type="checkbox"/> Foundation Dimensions <input type="checkbox"/> Roof Details (include roofing materials)
5.	<input type="checkbox"/>	<input type="checkbox"/>	ELEVATIONS (four views are required): <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Existing grade must be accurately shown and labeled on each view. <input type="checkbox"/> Final grades must be accurately shown and labeled on each view.