



CITY OF CHELAN

P.O. BOX 1669
135 E. JOHNSON ST.
CHELAN, WA 98816
(509) 682-8017
(509) 682-8050 (FAX)

SINGLE FAMILY & DUPLEX RESIDENCES

(Additions and Remodels)

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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RESIDENTIAL BUILDING PERMIT SUBMITTAL CHECKLIST

SINGLE FAMILY RESIDENCE, ACCESSORY DWELLING UNIT, ACCESSORY STRUCTURE

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 or cdebruin@cityofchelan.us)

APPLICANT SUBMITTAL ITEMS			STAFF VERIFICATION / INTAKE COMMENTS
	YES	N/A	
1.	<input type="checkbox"/>	<input type="checkbox"/>	Complete Application
	<input type="checkbox"/>	<input type="checkbox"/>	Water Meter Installation Form
	<input type="checkbox"/>	<input type="checkbox"/>	Ownership Certification Form, signed and notarized
	<input type="checkbox"/>	<input type="checkbox"/>	Previous Building Permits and Status?
	<input type="checkbox"/>	<input type="checkbox"/>	Have Easements Been Disclosed?
2.	<input type="checkbox"/>	<input type="checkbox"/>	Deed / Legal Description (<i>Attached</i>)
3.	<input type="checkbox"/>	<input type="checkbox"/>	Zoning: _____ (Check with Department Staff for Setbacks, Zoning, and Critical Area Restrictions)
	<input type="checkbox"/>	<input type="checkbox"/>	Have Subdivision Notes and Conditions of Approval Been Achieved? (Refer to Respective Files)
4.	<input type="checkbox"/>	<input type="checkbox"/>	CRITICAL AREAS CHECKLIST
5.	<input type="checkbox"/>	<input type="checkbox"/>	BUILDING PLANS IN ARCHITECTURAL SCALE
	<input type="checkbox"/>	<input type="checkbox"/>	Foundation Plan
	<input type="checkbox"/>	<input type="checkbox"/>	Floor Plan (<i>each floor level</i>)
	<input type="checkbox"/>	<input type="checkbox"/>	Means of Egress Plan
	<input type="checkbox"/>	<input type="checkbox"/>	Floor Framing (<i>each floor & decks</i>)
	<input type="checkbox"/>	<input type="checkbox"/>	Roof Framing Plan
	<input type="checkbox"/>	<input type="checkbox"/>	Engineering – Structural (<i>stamp required</i>) (Verify design criteria w/the Building Division)
	<input type="checkbox"/>	<input type="checkbox"/>	Truss Layout and Calculations (<i>stamp required if Manufactured</i>)
	<input type="checkbox"/>	<input type="checkbox"/>	Mechanical, Plumbing and electrical shown
	<input type="checkbox"/>	<input type="checkbox"/>	Cross-section(s)
	<input type="checkbox"/>	<input type="checkbox"/>	Elevation Drawings (All four sides)
	<input type="checkbox"/>	<input type="checkbox"/>	Finished & Existing Grade shown and labeled
	<input type="checkbox"/>	<input type="checkbox"/>	Elevation of Building Site: _____ (ft.)
	<input type="checkbox"/>	<input type="checkbox"/>	Washington State Energy Compliance Form (Conditioned space only)
	<input type="checkbox"/>	<input type="checkbox"/>	Heat Loss Calculations (Conditioned Space)
	<input type="checkbox"/>	<input type="checkbox"/>	Stormwater Plan, Impervious Surface >5,000 sq. ft.
	<input type="checkbox"/>	<input type="checkbox"/>	Driveway Profile
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 and example</i>)
9.	<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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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

RESIDENTIAL BUILDING PERMIT APPLICATION

SINGLE FAMILY RESIDENCE, ACCESSORY DWELLING UNIT,
ACCESSORY STRUCTURE

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 for new construction.**

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

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

Application For: ☐ New ☐ Remodel ☐ Addition ☐ Fire Repair/Replacement ☐ Demo & Date: _____
☐ Single Family Residence ☐ Accessory Dwelling Unit ☐ Accessory Structure ☐ Other! _____
Labor and Material Valuation: \$ _____

Project Description: _____

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

Building Height: _____ (ft.)

☐ **Label Existing/Finished Grade on all 4 elevation views of Building Plans**

Will this structure be used as a Short Term Rental for less than 30 days?

Impervious Surface (IS) Information in Square Feet: _____ **Yes** **No**

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.)

Floor Area(s)—check all that apply and indicate the area in Square Feet:

☐ Basement: _____ ☐ Main/1st Floor: _____ ☐ 2nd Floor: _____ ☐ 3rd Floor: _____ ☐ Decks: _____

☐ Covered Porches/Decks: _____ ☐ Carport: _____ ☐ Garage: _____ ☐ Attached ☐ Detached

#Existing Kitchens: _____ **Proposed New Kitchens:** _____ **Total # Kitchens:** _____

#Existing Bedrooms: _____ **Proposed New Bedrooms:** _____ **Total # Bedrooms:** _____

#Existing Bathrooms: _____ **Proposed New Bathrooms:** _____ **Total # Bathrooms:** _____

☐ **Retaining Wall(s):** Length(s): _____ Ft. Height(s): _____ Ft. ☐ **Propane Tank Size:** _____ (gals)

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 lake, stream, wetland, drainage way? <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, (<i>Check 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 Planning Development</i>	

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

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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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"/>
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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

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>bedroom, bathroom, 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"/> Bedroom & basement windows meet egress requirements <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"/> Attic access <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"/> All prow fronts shall be designed by an Engineer. <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 (<i>if it doesn't comply with IRC conventional construction provisions</i>) <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"/> Kitchen Sink(s)/Laundry sink(s) <input type="checkbox"/> Lavatory Sink <input type="checkbox"/> Shower(s)/Bathtub(s) <input type="checkbox"/> Toilet(s) <input type="checkbox"/> Water Heater <input type="checkbox"/> Washing Machines

Continued on Next Page

STRUCTURAL PLANS CHECKLIST

(Continued)

5.	<input type="checkbox"/>	<input type="checkbox"/>	MECHANICAL SYSTEM: <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"/> Duct work in garage minimum 26 gauge with no openings in garage. <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: <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>): <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. <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: Energy code forms must be submitted with building plans. Prescriptive forms are available at this office or on the internet at http://www.energy.wsu.edu/code . <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.
10.	<input type="checkbox"/>	<input type="checkbox"/>	GARAGES Attached or freestanding private garages, carports or combinations thereof may not exceed fifty percent (50%) of the floor area of the principal structure, including the basement area. All single-family residences, regardless of size, are allowed a minimum nine hundred and sixty (960) square foot private garage, carport or combination thereof. See Chelan Municipal Code for further information.

ADDITIONAL INFORMATION:

SETBACKS

Please contact the Planning Department if you need help determining the zone for the subject property

- Residential Single Family Zone:
Front-yard: 25 feet; rear-yard: 20 feet; side-yards: 5 feet
- Multi-Family Residential Zone:
Front-yard: 20 feet; rear-yard: 20 feet; side-yards: 5 feet
- Downtown Mixed Residential Zone:
Please refer to the Chelan Municipal Code Section 17.14.020(C3) for dimensional standards or call the Planning Dept. for further information at (509) 682-8017.

DESIGN MINIMUMS

- Roof Snow Load - 40 lb. PSF
- Ground Snow Load – 50 lb. PSF
- Wind Speed – 85 MPH/110 MPH
- Seismic Zone – “C”
- Frost Line - 18 Inches
- Exposure “C” Typical

Structures 4,000 square feet or over require an Architect or Engineers Wet Stamp.

ELECTRICAL PERMITS are issued by the Washington State Department of Labor and Industries.

Please call (509) 886-6500.

HEALTH DEPARTMENT SEPTIC APPROVAL must be provided if you are not hooking up to a sewer system.

Please call (509) 886-6450.

Plot Plan

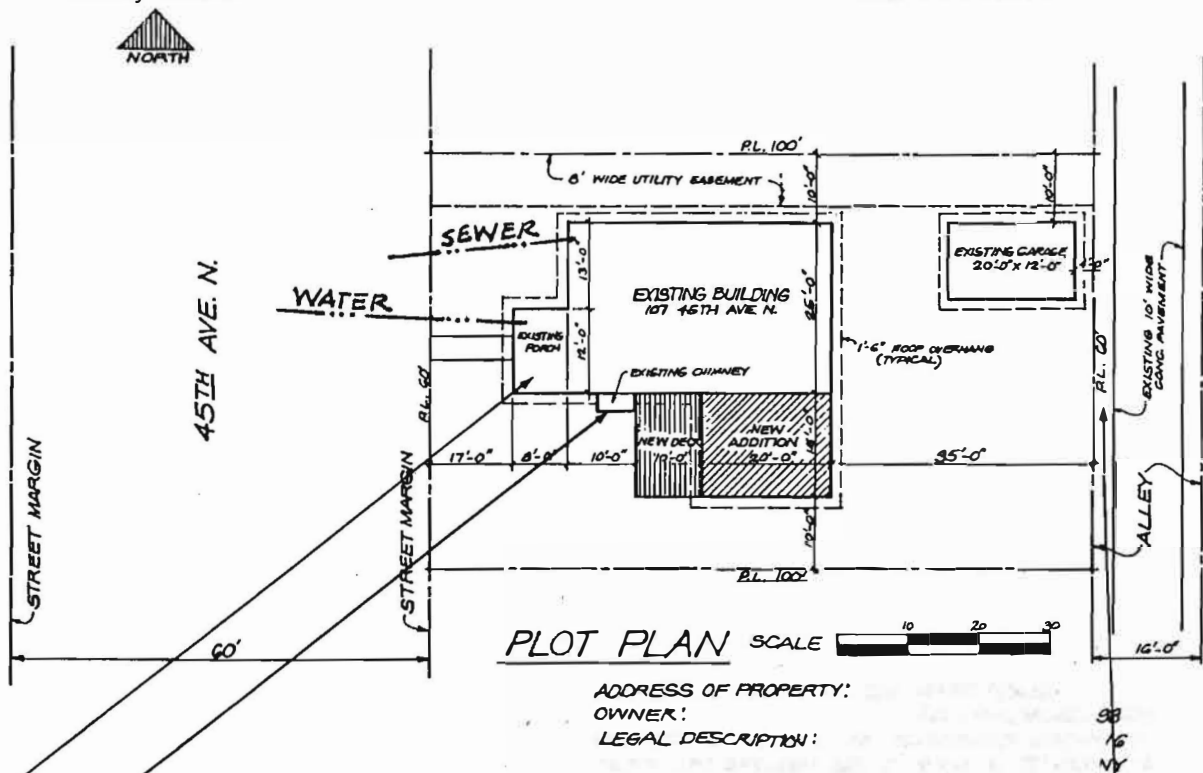
Identify streets by name.

Stippling (dotting) helps to identify walks and pavements.

Identify easements.

Showing setbacks is important.

Show all roof overhangs with dotted lines.



PLOT PLAN FOR ADDITION, ALTERATION OR CHANGE USE

Show chimneys if they protrude.

Identify all porches and decks.

Note how property lines dimensions are shown.

It is good to put all such information in one, easily found location.

12-10-04



Community Development Department

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

Single Family 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 1/4" = 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"/>