



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

NEW CONSTRUCTION

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.

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 llwilliams@cityofchelan.us and cdebruin@cityofchelan.us)

APPLICANT SUBMITTAL ITEMS			
	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"/>	APPROVED Water and Sewer Availability Certificates
	<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: _____ <i>(Check with Department Staff for Setbacks, Zoning, and Critical Area Restrictions)</i>
	<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"/>	Geotechnical Analysis required for slopes greater than 30%
5.			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"/>	Floor Framing <i>(each floor & decks)</i>
	<input type="checkbox"/>	<input type="checkbox"/>	Roof Framing Plan
	<input type="checkbox"/>	<input type="checkbox"/>	Engineering <i>(stamp required)</i> <i>(Verify design criteria w/the Building Division)</i>
	<input type="checkbox"/>	<input type="checkbox"/>	Truss Layout and Calculations
	<input type="checkbox"/>	<input type="checkbox"/>	Geotechnical Analysis, if required
	<input type="checkbox"/>	<input type="checkbox"/>	Mechanical and Plumbing shown on plans
	<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 Elevation Grades shown and labeled in feet
	<input type="checkbox"/>	<input type="checkbox"/>	Elevation of Building Site: _____(ft.)
	<input type="checkbox"/>	<input type="checkbox"/>	Structural Calculations, if Engineered
	<input type="checkbox"/>	<input type="checkbox"/>	Washington State Energy Compliance Form <i>(conditioned space)</i>
	<input type="checkbox"/>	<input type="checkbox"/>	Heat Loss Calculations <i>(conditioned space)</i>
	<input type="checkbox"/>	<input type="checkbox"/>	Stormwater Plan, required for impervious surface > 5000 sq. ft.
	<input type="checkbox"/>	<input type="checkbox"/>	Driveway Profile
6.	<input type="checkbox"/>	<input type="checkbox"/>	Cross Connection Control Survey
7.	<input type="checkbox"/>	<input type="checkbox"/>	Site Plan <i>(Please refer to site plan checklist)</i>
8.	<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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METER INSTALLATION ORDER FORM

OWNER/AGENT:	Acct. No.
Billing Name:	Phone:
Service Address:	
Water: <input type="checkbox"/> City <input type="checkbox"/> Out of City	Parcel No.:
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="checkbox"/> # of Fixture Unit	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> # 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:	

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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
CRITICAL AREAS REVIEW CHECKLIST**

Completion of this environmental review checklist shall be required prior to any development or other alteration in or within 250' (two hundred and fifty feet) of any known or potential Critical Area in the City of Chelan or its UGA. An application submitted for any use or activity requiring a permit shall not be considered complete until this form has been completed, signed and placed in the project file. This checklist is not a substitute for an Environmental Checklist required under SEPA.

GENERAL INFORMATION—to be completed by the applicant when this checklist is submitted

Applicant		
Name:		
<input type="checkbox"/> Landowner <input type="checkbox"/> Owner's agent. If agent, landowner's name:		
Address:		
City:	State:	ZIP:
Phone:	FAX:	Email:
Site		
Address:		
Parcel Number(s):		
Zoning District:		

Brief description of project:

Please attach any information that will assist the City in its preliminary evaluation of the proposed alteration.

I hereby certify that I will pay all fees, if any, 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.

Applicant Signature _____ Date Submitted: _____

Print Name _____

Place Where Signed: _____, WA

FOR OFFICIAL USE ONLY

FINDINGS AND STUDY REQUIREMENTS—to be completed by the Administrator based on his or her preliminary evaluation

Administrator's findings based on Preliminary Evaluation:

- ☐ (A) The proposed alteration is not located in or in such proximity to a Critical Area defined by Chapter 14.10 that it poses a threat to proposed development or to the health or safety of humans or the environment of the subject property or adjacent properties. No further study is required at this time.
- ☐ (B) The proposed alteration is in or adjacent to a Critical Area and is exempt from the requirements of the Critical Area Ordinance (Chapter 14.10). Nature of Exemption and code section:

- ☐ (C) The proposed alteration is located in or adjacent to, or includes project actions that may affect, one or more Critical Areas, as indicated below:

- | | | |
|--|---|--|
| <input type="checkbox"/> Wetland | <input type="checkbox"/> Critical Aquifer Recharge Area | <input type="checkbox"/> Fish and Wildlife Habitat Conservation Area |
| <input type="checkbox"/> Geologically Hazardous Area | <input type="checkbox"/> Frequently Flooded Area | |

Information source(s) used by the Administrator in his or her preliminary evaluation:

- | | | |
|---|--|---|
| <input type="checkbox"/> City of Chelan generalized Critical Areas map | <input type="checkbox"/> Wetland map based on the NWI | <input type="checkbox"/> SWAP map |
| <input type="checkbox"/> PHS Maps or other maps based on current PHS data | <input type="checkbox"/> <i>The Flood Insurance Study for the City of Chelan</i> | <input type="checkbox"/> <i>Chelan County Soil Survey</i> |
| <input type="checkbox"/> <i>Seismic Design Category Map for Residential Construction in Washington, Sheet 2</i> | | |
| <input type="checkbox"/> Other | | |

The Administrator requires that the following information be provided:

- ☐ Critical area study for Wetlands
- ☐ Wetland identification and delineation
- ☐ Critical area study for Critical Aquifer Recharge Areas
- ☐ Hydrogeologic evaluation (required as part of Critical Area Study if the applicant is requesting that the City declassify or reclassify a specific area designated as a Critical Aquifer Recharge Area)
- ☐ Critical area study for Fish and Wildlife Habitat Conservation Areas
- ☐ Critical area study for Geologically Hazardous Areas

Note: no Critical Area Study is required for Frequently Flooded Areas; however, all development in such areas requires compliance with the City's Flood Hazard Areas provisions (Chapter 15.10, CMC)

continued on next page

CHECKLIST DOCUMENTATION—to be completed by the Administrator and signed by the Administrator and the applicant when all required information has been submitted and any permit conditions have been determined.

- ☐ Documentation of preliminary evaluation is attached
- ☐ Documentation of Administrator's findings supporting any exemption, exception, or waiver is attached
- ☐ Any required information (e.g., Critical Area Study) is attached
- ☐ Any permit conditions, including but not limited to requirements for mitigation, monitoring and reporting, or buffers, are attached

For the City of Chelan:

The attached information, including any required Critical Area Study, Administrative findings, and permit conditions, satisfies the intent of Chapter 14.10 related to the protection of Critical Areas, public and private property, and the public health, safety, and welfare.

Name: _____ Date: _____

Title: _____

Owner/Applicant: The information provided is the best information available concerning the location of Critical Areas as defined by Chapter 14.10. The proposed alteration and the mitigation proposed will, to the greatest extent possible, protect Critical Areas, public and private property and the public health, safety, and welfare.

Name: _____ Date: _____

Title: _____

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PUBLIC WORKS EXCAVATION PERMIT (CMC 12.20.040)

PERMIT#: _____ DATE: _____ EXPIRES: _____



PROJECT _____

ADDRESS OWNER _____ PHONE _____

Address _____

☐ Plans Attached

☐ Improvement Evaluation Summary Sheet Attached

CONTRACTOR _____ PHONE _____

Address _____

State Registration# _____ Expires _____ City Business License _____

"Additional Insured" Endorsement: Yes _____ No _____ Expires _____

Project Start: _____ Project Complete: _____

RIGHT-OF-WAY PERMIT

☐ Sidewalk

☐ Street/Curb Cut, Driveway Access

☐ Water - Main

☐ Water - Service

☐ Water - Fireline

☐ Sewer - Main

☐ Sewer - Service

☐ Storm

☐ Dry Utility, (Specify) _____

REQUEST FOR INSPECTION - (509) 682-8030

24 hour notice required. Failure to call for inspection prior to performing backfilling, pouring or other inspection obstructions will result in required removal of the improvement.

72 HOUR NOTICE REQUIRED TO UTILITIES NOTIFICATION CENTER: (800) 424-5555

The contractor agrees, at his expense, to barricade, compact, backfill and replace street base, surfacing, and/or curb and sidewalk, according to the City of Chelan Standards. Applicant hereby certifies that the information given herein is true and accurate and further agrees to perform work authorized by the permit in accordance with all applicable ordinances and statutes. Any deviation from this original application causes the permit to become null and void. Applicant and contractor shall defend, indemnify, and hold the City, its officers, officials, employees and volunteers harmless from any and all claims, injuries, damages, losses or suits including attorney fees, arising out of or in connection with activities or operations performed by the Applicant or on the Applicant's behalf out of issuance of this Permit. Applicant also agrees to comply with all federal, state, and local regulations in the performance of the permitted work, as identified in City Municipal Code, Title 12, Streets and Sidewalks, and Title 25, City Development Standards, **AND AS NOTED ON REVERSE SIDE OF THIS FORM.**

Contractor _____ Date _____

Owner _____ Date _____

Traffic Control Plan Approved? Y N NA Dust Control Plan Approved? Y N NA

*Bond Required: _____ *Inspection Fee: _____
(Evaluation Summary Sheet 8-13)

Application Approved By _____ Date _____

Inspection By _____ Date/Comment _____

* These fees are for inspection and bonding only. They do not include connection/service fees.

1. Site Controls

- a. Permittee is responsible for providing a safe work environment for its employees in accordance with OSHA/WISHA Standards. Additionally, permittee is responsible for safety of general public and vehicular and pedestrian traffic transiting the work zone and safeguarding of attractive nuisances both during work hours and after hours.
- b. All traffic control plans, actions, and construction signage shall comply with current *Manual on Uniform Traffic Control Devices* (MUTCD). Work zone flaggers shall possess a current Traffic Control Flagging card issued by Washington State or a recognized reciprocal state.
- c. Permittee is responsible for protection of existing utilities, adjacent foundations, and other improvements, both public and private, and for repair of same if damaged during the work.

2. Insurance and Bonding

- a. Permittee's insurance carrier shall provide certificate of insurance naming City of Chelan as additional insured. Minimum coverage shall be \$1,000,000 combined single limit coverage per occurrence and \$2,000,000 general aggregate. Bonding shall be as per Title 25, CMC.

3. Asphalt Restoration

- a. Asphalt patching shall be performed by a contractor specializing in such work. Unless authorized by City Engineer, general contractors or excavation contractors shall not perform asphalt patching within the public right-of-way.

4. Notifications

- a. Permittee is responsible for notifying adjacent property owners of proposed work. Notification shall be a minimum of 72 hours prior to proposed start.

5. Permit Fee CMC 12.20.040

- a. Upon approval of the application and the filing of the security bond in accordance with Section 12.20.030 of this code and the payment to the city clerk of an administrative fee in the amount of ten dollars, the public works director shall issue an excavation permit to the applicant. (Ord. 792 § 1 (part), 1986).

How to Draw a Site Plan

The site plan is a map of your entire parcel drawn to an engineer's scale, showing all existing and proposed structures (above or below ground) and other information needed to review your project. Below is a guide and checklist for drawing a site plan according to City of Chelan standards. An example and list of the items that must be included on the plan is shown on the following page. A septic designer, architect, or other professional may prepare your site plan. You may also draw your own. Whether you prepare it yourself or have someone do it for you, you are responsible for its accuracy and completeness.

1. Determine Lot Shape and Dimensions

The Assessor's Office can provide you with a parcel map with the lot's shape and at least some of its dimensions. If your lot was created by plat (subdivision), the Auditor's Office can provide you with a copy of the plat map showing the lot's precise shape and dimensions.

2. Select Size and Scale

Site plans should show the entire parcel on a single sheet of paper at a scale that allows easy reading of all the details on the plan. It is best to use a standard paper size to make reproduction simpler.

The plan must also be drawn to scale, which means that distances in the "real world" correspond to distances on the site plan (e.g., one inch on the paper equals twenty feet on the ground). In addition, Pierce County requires the use of an **engineer's scale** on site plans. Whereas a traditional ruler divides an inch into eighths or sixteenths, an engineer's scale divides an inch into multiples of tens or hundreds (1"=10', 1"=20', 1"=30', 1"=40', 1"=50', 1"=60').

3. Identify Parcel Features

Use plat maps, Auditor's records, title reports, site investigation, etc., to identify any of the following features on your parcel:

- Easements
- Natural Buffer Areas (N.B.A.)
- Critical areas and/or critical area buffers
- Shorelines (ordinary high water mark - OHWM), streams, water features, and/or drainage swales
- Adjacent streets
- Structures
- Topographical contours

4. Draw the Site Plan

Include all of the items in the following checklist (where relevant), making sure to **label each feature** and **show all relevant dimension(s)** of each.

Property lines

Indicate the length of each line. Where break lines are used, indicate the length on each side of the break.

Easements

Label and show the width

Natural Buffer Areas

Label and show all dimensions

Critical areas and/or critical area buffers

Label and show all dimensions

Shorelines, water features, streams, drainage swales

Existing structures

Show and label all buildings, retaining walls, bulkheads, etc., and buildings to be removed

Proposed structures

Show and label all buildings, additions, remodel areas, etc., indicating length and width for each. **Indicate setback distance** (from property lines) **and separation distance** (from other buildings) for each structure

Driveways

Show and label location and width, both existing and proposed

Proposed retaining walls and/or rockeries

Show length and height measurements

Proposed bulkheads

Show length and height measurements

Septic system components

Show and label septic tank, primary drainfield, reserve drainfield area and pipelines, with dimensions and distances from buildings and property lines

Sewer service (line and connection)

Water service (line and connection)

Topographical contour lines

Show at two-foot vertical intervals. If elevations aren't known, designate a "zero elevation" point as a starting reference

Streets adjacent to the property

North arrow

Parcel number

Scale indicator

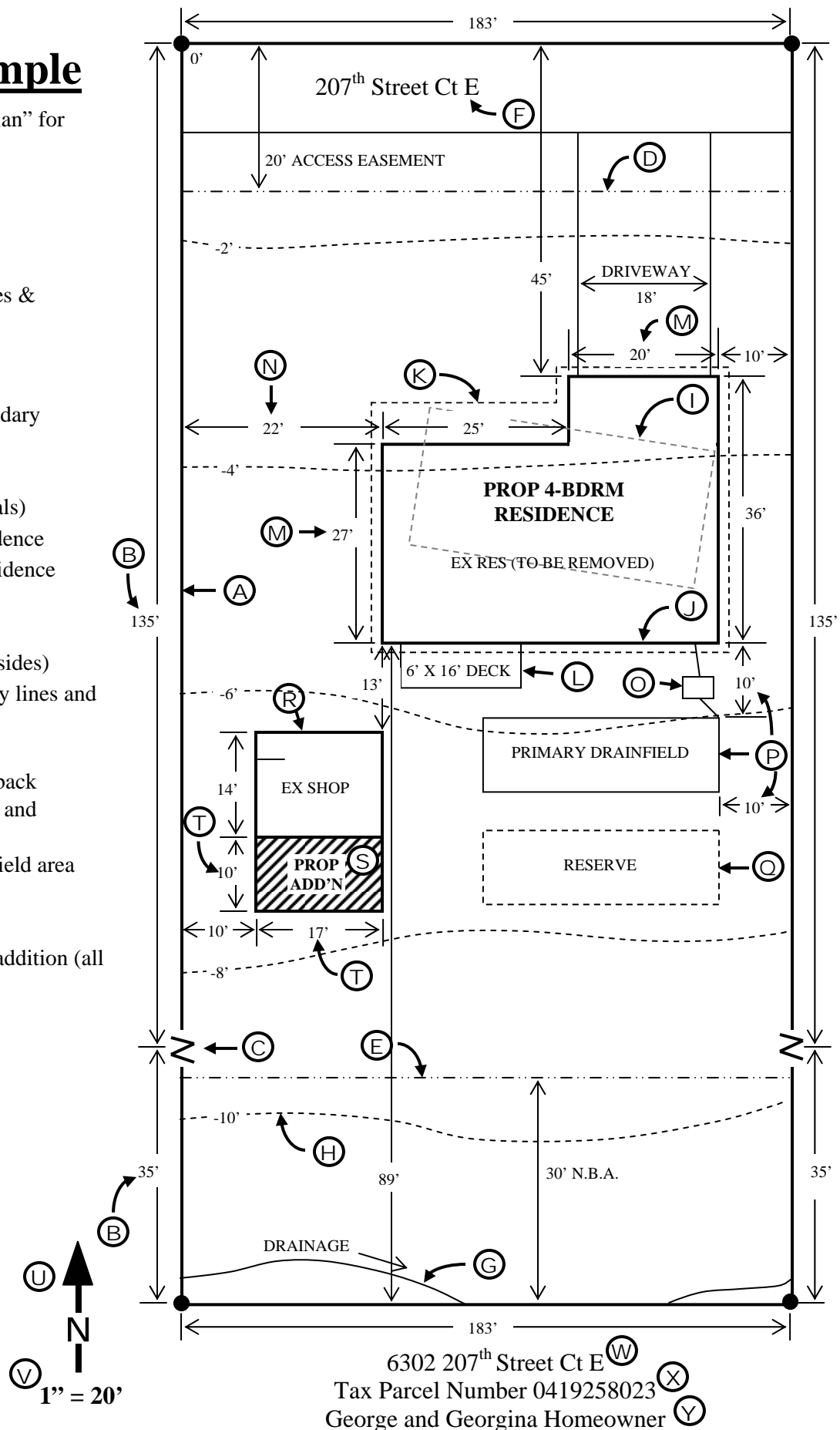
Property owner's name

Site Plan Example

See "How to Draw a Site Plan" for further information

Legend

- A Parcel line/boundary
- B Parcel line length (all sides & segments)
- C Break Line
- D Easement boundary
- E Natural Buffer Area boundary
- F Street name
- G Drainage course
- H Contour line (at 2' intervals)
- I Footprint of existing residence
- J Footprint of proposed residence
- K Drip/eave line
- L Deck footprint
- M Building dimensions (all sides)
- N Distance between property lines and all proposed structures
- O Septic tank
- P Septic drainfield with setback distances (from residence and property lines)
- Q Reserve/secondary drainfield area
- R Existing building
- S Proposed addition
- T Dimensions of proposed addition (all sides)
- U Fuel tank
- V North arrow
- W Scale indicator
- X Site/parcel address
- Y Parcel number
- Z Property owner



DRIVEWAY PROFILE

January 2007

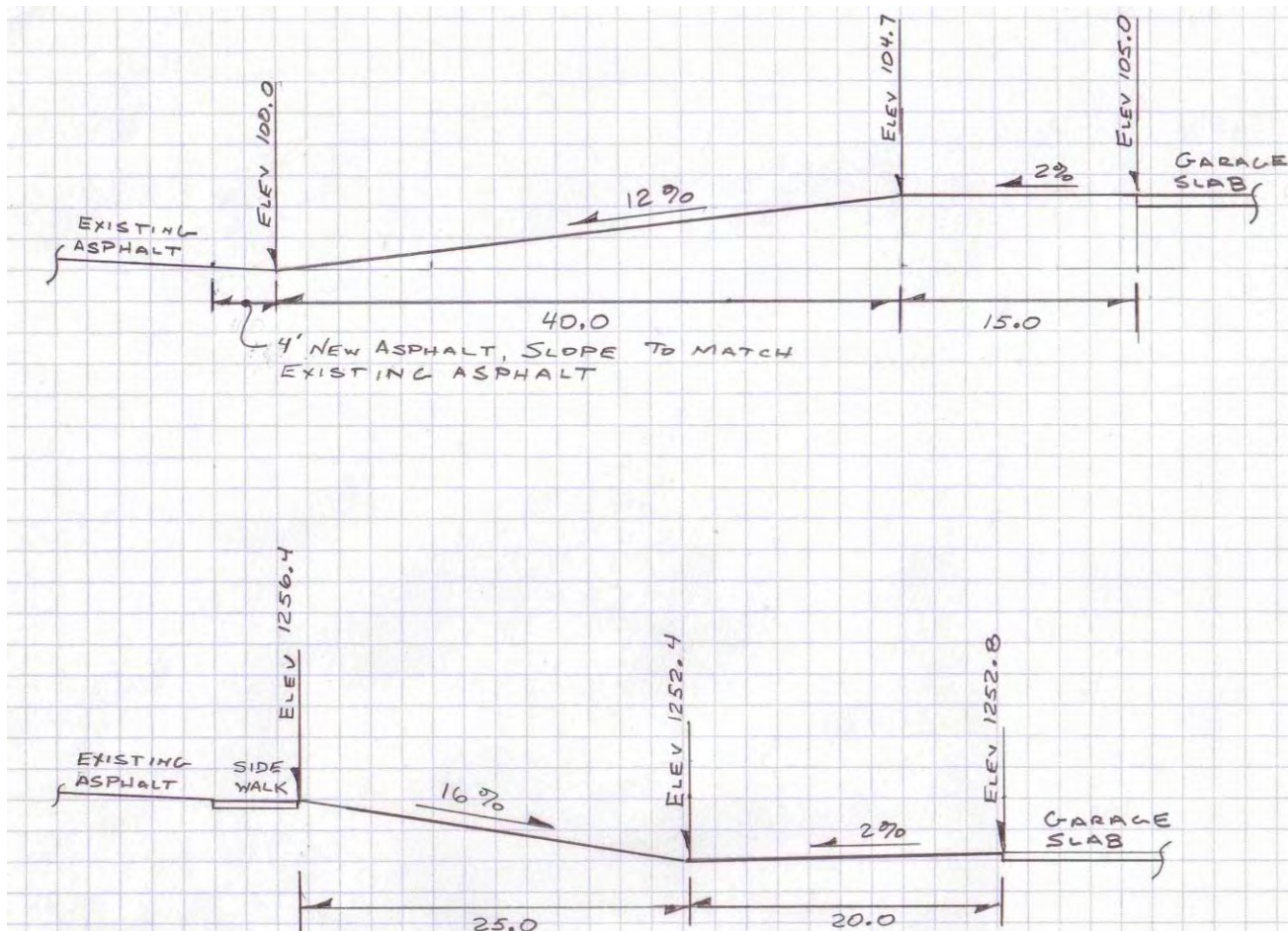
Public Works requires a driveway profile be provided with new building permit applications. City standards allow a maximum of 18% grade on a **single family driveway**. Grade is calculated by dividing the vertical rise by the horizontal run. Examples of the MAXIMUM grades could be:

18 ft vertical / 100 ft horizontal = 18% OR 9 ft vertical / 50 ft horizontal = 18%

The profile should be a section view looking sideways into the length along the centerline of the driveway. The profile should be drawn to a common engineering or architectural scale, for example 1"=10' or 1/8"=1'. Elevations may be absolute or relative. The important information is the net difference in elevation along the length of the driveway.

Often, driveway profiles are drawn with a straight line between the edge of the roadway asphalt or sidewalk directly to the garage entrance. In reality, most driveways are built with transitional sections from the roadway asphalt or back of sidewalk into the driveway slope, and then again onto a "landing" in front of the garage. These transitions reduce the sharp vertical angle points which could cause a passenger car's undercarriage to drag. When possible, most driveway landings at the garage slope AWAY from the garage at 1% - 2% to help keep rain runoff out of the garage.

Public Works or the Building Department may require the builder to stake out driveway and/or garage slab elevations to enable a visual confirmation of feasibility. When so required, the staking shall be maintained throughout the foundation phase of construction. The following examples show uphill and downhill driveways, absolute and relative elevations, and different length landings outside the garage. Every house will likely have a unique situation. If you've further questions, please contact Public Works at the number above.



STRUCTURAL PLANS CHECKLIST

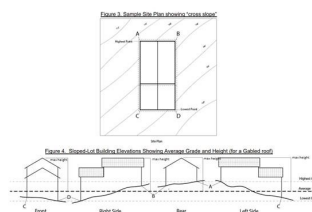
Applications for building permits will not be accepted unless the following items are supplied with your application for a permit. Complete and submit an electronic set of building plans drawn to ¼ scale, unless the Building Official authorized a different scale in writing. *Buildings must comply with 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 bottom 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: <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"/> 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: <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>) <div style="text-align: right;">  <p>Elevation and site plan example</p> </div>
8.	<input type="checkbox"/>	<input type="checkbox"/>	WASHINGTON STATE ENERGY CODE COMPLIANCE: <p>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.</p>
	<input type="checkbox"/>	<input type="checkbox"/>	Heat Loss Calculations
9.	<input type="checkbox"/>	<input type="checkbox"/>	DARK SKY <p>Demonstrate compliance with the dark sky ordinance with no light trespass. Quartz and vapor lamps are prohibited. See elevation drawings and site plan requirements.</p>
10.	<input type="checkbox"/>	<input type="checkbox"/>	GARAGES <p>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.</p>

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.