

Town of Coupeville
BUILDING DEPARTMENT

4 NE 7th Street, PO Box 725
 Coupeville WA 98239
 (Additional Public Works & Planning Department
 Permits maybe required.)



Building/Plumbing/Mechanical/Fire
PERMIT APPLICATION

PERMIT No. _____
 Amendment/Revision to Issued Permit YES NO
 For Inspections Call: 360-678-4461 Ext 8
 48 Hour Notice Requested

| | | | | | |
|--|---|--|---|--|---------|
| OWNER | Name or Name of Business | | | | |
| | Mailing Address | | | | |
| | City/State/Zip | | Telephone # | E-Mail | |
| CONTACT / AGENT | Name | | | | |
| | Address | | | | |
| | City/State/Zip | | Telephone # | E-Mail: | |
| PRIME CONTRACTOR | Name | | | NOTICE: Owner Contractor must sign Owner Contractor Declaration | |
| | Address | | | | |
| | City/State/Zip | | Telephone # | | E-Mail: |
| | State License Number | | Expiration Date: | | |
| TYPE <small>(Check all that apply)</small> | <input type="checkbox"/> Residential | <input type="checkbox"/> New | <input type="checkbox"/> Repair | <input type="checkbox"/> Plumbing <i>(See other side)</i> | |
| | <input type="checkbox"/> Mobile/Manufactured Home | <input type="checkbox"/> Addition | <input type="checkbox"/> Re-Roof | <input type="checkbox"/> Mechanical <i>(See other side)</i> | |
| | <input type="checkbox"/> Modular Home | <input type="checkbox"/> Remodel | <input type="checkbox"/> Fence | <input type="checkbox"/> Fire <i>(See other side)</i> | |
| | <input type="checkbox"/> Commercial/Non-Residential | <input type="checkbox"/> Moved | <input type="checkbox"/> Demolition | <input type="checkbox"/> Other | |
| Assessor's Tax Parcel Number | | Address <i>(If Available):</i> | Estimated Valuation of Proposed Work: | | |
| Nature and Scope of Work to be performed: | | | | | |
| | | | | | |
| Building/Work Area Square Footage | Basement: _____ <input type="checkbox"/> Finished: _____ <input type="checkbox"/> Unfinished: _____ | 1 st Floor: _____ 2 nd Floor: _____ 3 rd Floor/Habitable Attic: _____ | Garage: _____ Carport: _____ Sunroom: _____ | Uncovered Deck/Porch: _____ Covered Deck/Porch/Patio: _____ Other (): _____ | |
| Additional information | Fire Sprinkler (Existing or New): <input type="checkbox"/> YES <input type="checkbox"/> NO | Use or Occupancy Classification: _____ Change of Use <input type="checkbox"/> YES <input type="checkbox"/> NO | Type of Construction: _____ Total # of Bedrooms: _____ | | |
| <p>LENDER INFORMATION: Per RCW 19.27.095, all building permit applications where the project valuation exceeds \$5,000 must include the name, address, and phone number of the office of the lender administering the interim construction financing, if any; or the name and address of the firm that has issued a payment bond on behalf of the prime contractor for the protection of the owner, if the bond is for an amount not less than fifty percent of the total amount of the construction project. (If owner is self-financing, please indicate)</p> <p>Name: _____ Phone # _____</p> <p>Mailing Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>OWNER CONTRACTOR DELARATION: I am the (an) owner of this property or the tenant of the residence to which this permit applies and intend to perform the work covered by said permit as an Owner Contractor and wish to be exempt from the requirements of the Washington State Contractor's Act, per RCW 18.27.090, and will abide by all provisions and conditions of the exemption as stated. I agree that if I use the assistance of any person(s) to provide labor, materials and/or assistance of any aspect(s) of the construction, alteration or repair authorized by the building permit, the aggregate compensation for which equals or exceeds \$500, I will retain only contractor(s) registered and currently licensed as required under the laws of the State of Washington.</p> <p>Signature of Owner: _____ Date: _____</p> <p>NOTICE OF REQUIRED ACCESS FOR INSPECTIONS: Issuance of this building permit automatically conveys to the Planning and Building Department, and/or its authorized agents, the authority to enter the premises at reasonable hours for the purposes of inspecting the project for adherence to the terms and conditions of the permit, until such time as the project is complete AND the final inspection and, if required, the Certificate of Occupancy are approved.</p> <p>DECLARATION OF TRUE AND CORRECT APPLICATION AND ACCEPTANCE OF RESPONSIBILITY FOR CODE COMPLIANCE: I declare under penalty of perjury under the laws of the State of Washington that I have read and examined this application and attachments and know the same to be true and correct. I agree to comply with all provisions of the laws, ordinances, and regulations governing this type of work whether or not specified herein. I understand that permits or inspections presuming to give authority to violate or cancel the provisions of any federal, state or local law, ordinance, or regulation, or permits issued in error on the basis of incorrect, inaccurate or incomplete information supplied by the applicant shall be invalid. I agree to pay plan review fees associated with this permit whether the permit is or is not issued.</p> <p>OWNER OR AUTHORIZED AGENT AFFIDAVIT: By signing this application, the applicant affirmatively states that he/she is the (an) owner or an authorized agent of the owner(s)</p> <p>_____ <i>Signature of Owner or Authorized Agent</i></p> <p>_____ <i>Date</i></p> <p>_____ Clearly Printed Name of Owner or Authorized Agent</p> | | | | | |

IMPERVIOUS SURFACE AREA (A Hard Surface is defined as an impervious surface, a permeable pavement, or a vegetated roof. Common Impervious Surfaces include, but are not limited to, roof tops, walkways, patios, driveways, parking lots or storage areas, concrete or asphalt paving, gravel roads, packed earthen materials, and oiled, macadam or other surfaces which similarly impede the natural infiltration of stormwater.)

Total Existing Impervious Sq. Ft.: _____

Total Disturbed Land/Soil Sq. Ft.: _____

Total Parcel area in Sq. Ft.: _____

Total New hard surfaces Sq. Ft.: _____

Total New and Existing hard surfaces Sq. Ft.: _____

PLUMBING

- 1) Will this project be connected Town Sewer? YES NO -
If NO, please provide the Island County Health Department Septic Design Number: _____
- 2) If this is for a Mobile Home/Commercial Coach, an alteration permit from the Department of Labor and Industries is required for interior fixtures.
- 3) Please attach a floor plan indicating location of proposed fixtures.

CONTRACTOR: _____ **NOTICE:** Owner Contractor must sign Owner Contractor Declaration

License#: _____ Expiration Date: _____

Address: _____

City, State, Zip: _____

Phone: _____ E-mail (Optional): _____

| Number & Type of Fixture/Connection | Number & Type of Fixture/Connection (Continued) | Number & Type of Fixture/Connection (Continued) |
|---|--|--|
| (Applicable to any receptacle, device, or appliance that is connected to a water supply system or discharges to a drainage system or both.) | _____ Clothes Washer | _____ Sewer Service (on property) |
| _____ Toilet/ Urinal/Bidet | _____ Spa/Jacuzzi Tub and/or Hot Tub | _____ Waste Pre-treatment (Interceptors) |
| _____ Bath tub/Shower | _____ Floor Drain (Trap Primer Required) | _____ Water Distribution/Service repair (on property) |
| _____ Sinks (Lavatory, Utility, Bar, Mop, etc.) | _____ Floor Sink or Hub/Drain | _____ Waste/Vent/Sewer repair (On property) |
| _____ Kitchen Sink/Disposal | _____ Water Treatment (Softeners/Filter Systems) | _____ Manufactured/Modular Water Connection |
| _____ Dishwasher | _____ Hose Bibs | _____ Manufactured/Modular Sewer Connection |
| _____ Gas Water Heater | _____ Lawn Sprinkler | _____ Other (_____) |
| _____ Electric Water Heater | _____ Backflow Assembly | _____ Other (_____) |
| | _____ Water Service (on property) | _____ Other (_____) |

MECHANICAL

- 1) Has this building been previously heated? YES NO
- 2) Heat Type (Check all that apply) : Electric Propane Other (Describe) _____
- 3) Are any Propane Tanks Proposed? YES NO If Yes, how many? _____ Total # of Gallons _____
 Above ground or Underground (Check as appropriate) Provide site plan showing proposed location(s) of mechanical equipment
- 4) Please attach a floor plan indicating location of proposed equipment

CONTRACTOR: _____ **NOTICE:** Owner Contractor must sign Owner Contractor Declaration

License#: _____ Expiration Date: _____

Address: _____

City, State, Zip: _____

Phone: _____ E-mail (Optional): _____

| Number & Type of Equipment/Appliance | Number & Type of Equipment/Appliance (Continued) | Number & Type of Equipment/Appliance (Continued) |
|---|---|---|
| (Applicable to Mechanical or Fuel Gas Appliance, Equipment, Component, System, or Piping) | _____ Hydronic/Radiant Piping | _____ Gas/Propane Piping (# of Outlets _____) |
| _____ Exhaust Fans/Ductwork | _____ Non-Ducted Air Handler/Heater (cfm/btu _____) | _____ Propane Tank |
| _____ Dryer/Appliance Vents/Ducts | _____ Ducted Air Handler/Heater (cfm/btu _____) | _____ Wood/Pellet Stove/Insert/Factory Built FP |
| _____ Residential Range Hood | _____ Ductless Heat Pump (# of Heads _____) | _____ Repairs/Additions/Alterations |
| _____ Commercial Type I Hood | _____ ERV Unit/System | _____ Repairs/Additions/Alterations |
| _____ Commercial Type II Hood | _____ Boiler (hp/btu _____) | _____ Other (_____) |
| | _____ Gas Stove/Fireplace/Insert | _____ Other (_____) |

FIRE (Applicable to Operational and Construction Permits required by IFC Sections 105.6 and 105.7. When required by Law to perform specified work, Copies of Contractor License and Certificate of Competency must be provided.)

CONTRACTOR: _____

License#: _____ Expiration Date: _____

Address: _____

City, State, Zip: _____

Phone: _____ E-mail (Optional): _____

Name of Certificate of Competency Holder: _____ **Expiration Date:** _____

| Additional Information: | Type of Work (Check all that Apply) | Type of Work Continued |
|---|--|--|
| Square Footage of Affected Area: _____ | <input type="checkbox"/> Fire Alarm | <input type="checkbox"/> Temporary Tents/Membrane Structures |
| Estimated Valuation of Proposed Work: _____ | <input type="checkbox"/> Fire Line | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> Fire Suppression System (Sprinkler) | <input type="checkbox"/> Other _____ |

UTILITY NOTIFICATION NOTICE: It is the responsibility of the applicant, or those working on his/her behalf, to contact the Utility Location Center by calling 811 to locate utilities prior to excavation. The Town of Coupeville will not accept any responsibility on behalf of applicants failing to comply with the requirements to contact the appropriate utility companies.

EXPIRATION OF PLAN REVIEW NOTICE: This permit application shall be deemed to have been abandoned 180 days after the date of filing, unless such application has been pursued in good faith or a permit has been issued. The building official is authorized to grant one or more extensions of time for additional periods not exceeding 90 days each. The extension shall be requested in writing and justifiable cause demonstrated.

EXPIRATION OF BUILDING PERMIT NOTICE: This permit becomes null & void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. The building official is authorized to grant, in writing, one or more extensions of time, for periods not more than 180 days each. The extension shall be requested in writing and justifiable cause demonstrated.