

MASTER BUILDING APPLICATION

Owner/Applicant _____

Phone _____

ADDRESS _____

Email _____

City, State, Zip _____

CONTACT/AGENT _____

Phone _____

Address _____

Email _____

City, State, Zip _____

CONTRACTOR _____

License # _____

Expiration _____

Address _____

Phone _____

City, State, Zip _____

Email _____

NAME OF CONSTRUCTION LENDER OR BOND _____

Phone _____

Email _____

Address _____

City, State, Zip _____

PROPERTY INFORMATION

PROJECT ADDRESS _____

City _____ Lot Size _____

Subdivision/Mobile Home Park _____

Space # _____ Zone _____

Parcel # _____

Key # _____

Division _____ Block _____ Lot _____ Section _____

Township _____ Range _____

Has work started? _____

Was this ever an Owner Builder Building? _____

Adjoining Parcels you own _____

Is the property in a special tax program? _____

Is this property subject to a Moratorium? _____ Yes _____ No _____

Type _____

PROJECT INFORMATION

RESIDENTIAL
One and Two Family dwelling & attached accessory structures

OTHER
Plumbing/Mechanical
 Flood Development

BUILDING CODE
Non-Residential & Multi-Family Residential

FIRE CODE
Temporary Operational Permit *

Manufactured Home

Ebey's Landing Historical Reserve

Tenant Improvement or Change of use

Temporary Tents & canopies*

Detached Accessory structure <3000 sq ft

Shoreline, bulkhead & docks
 Demolition

Sign
 Sprinkler or Fire Alarm

Motor Vehicle fuel dispensing system

*Temporary is 180 days or less.

The applicant warrants that all information in this application is truthful and complete. Permits may be suspended or revoked whenever the permit is issued in error or on the basis of incorrect, inaccurate or incomplete information, or in violation of any ordinance or regulation or any provision of the code. **I have read and understand cover sheet instructions.**

Applicant signature

Date

TENANT IMPROVEMENT OR CHANGE OF USE PERMIT APPLICATION

Permit # _____

1. Existing Building Information

Type of building construction _____ Number of stories _____

Area of 1st story _____ Total area of building _____

Existing sprinkler system? Yes ____ No ____ Is existing space heated? Yes ____ No ____

Percent of building perimeter on 20ft or greater open yard or road _____ %

Occupancy classification of existing space _____

2. New Space

Project Description _____

Occupancy classification of new space _____

Area of main floor _____ X _____ = _____ sq. ft.

Area of second floor _____ X _____ = _____ sq. ft.

Area of basement _____ X _____ = _____ sq. ft.

Heating system? Electric _____ Other _____ Percentage of glazing? _____

Value of improvement \$ _____

Mixed Use Buildings

Separated uses.

New space is separated from other uses by fire barriers and individually reviewed.

Occupancy of space above _____ Occupancy of space below _____

Occupancy of space in front _____ Occupancy of space behind _____

Occupancy of space to right _____ Occupancy of space to left _____

Fire barrier rating _____

Submit one set of plans of new space and exit paths to outside.

— Non-separated uses.

The building is reviewed as a whole for all occupancies.

- Submit one (1) set of plans of the new space

- Submit floor plan of the entire building showing all occupancy classifications

3. Planning Requirements

Number of parking spaces available for building? _____

Certification of transportation concurrency (if required). Permit # _____

Provide copy of Water Availability form **approved** by the Island County Health Department (if required).

Approval Date _____

Provide copy of Septic Permit or AsBuilt **approved** by the Island County Health Department.

Septic Permit # _____

Provide copy of Access Permit **approved** by the Island County Public Works Department

Access Permit # _____