

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

Manufactured Home

Detached Accessory structure <3000 sq ft

OTHER

Plumbing/Mechanical

Flood Development

Ebey's Landing Historical Reserve

Shoreline, bulkhead & docks

Demolition

BUILDING CODE

Non-Residential & Multi-Family Residential

Tenant Improvement or Change of use

Sign

Sprinkler or Fire Alarm

FIRE CODE

Temporary Operational Permit *

Temporary Tents & canopies*

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 two sets of plans of new space and exit paths to outside.

Nonseparated uses.

The building is reviewed as a whole for all occupancies.

Submit two sets of plans of the new space and a 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 as-built **approved** by the Island County Health Department.

Septic permit # _____

Provide copy of access permit **approved** by the Island County Public Works Department.

Access Permit # _____