

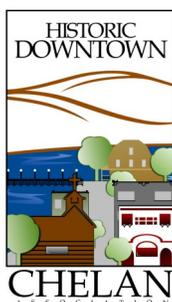


CITY OF CHELAN

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

COMMERCIAL AND MULTI-FAMILY *(Including additions)* 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.



HDCA REVIEW OF CONSTRUCTION PLANS Required Prior to City of Chelan Building Permit Submittal

As of 2011, the Chelan Municipal code requires Historic Downtown Chelan Association (HDCA) to review construction within the downtown area prior to the City of Chelan granting a building permit.

CMC17.14.010-(D)-Review Process

- a. To provide the Historic Downtown Association (HDCA) the opportunity to provide input to the administrator for projects located on storefront streets as identified on the regulating map at Section 17.14.020(B), The developer shall submit the proposed project to the HDCA design committee to verify conformance with this chapter.
- b. As a condition to the administrator accepting a project permit application for projects described in subsection (D)(2)(a) of this section, the application shall include (i) HDCA's verification if its review (ii) proof that thirty days elapsed after submitting the project to HDCA and that no verification was provided, or (iii) proof the design committee is inactive.
- c. Verification of the project permit application by HDCA shall not be determinative of the project's compliance with this chapter, but is limited to ensuring HDCA has had an opportunity to review a project permit application to provide input to the director regarding a proposed project.
- d. For purposes of this chapter, a building permit application shall include applications for exterior remodels, departure, additions and new building(s).

HDCA strongly recommends owners contact HDCA as early in their planning process as possible and make an appointment for a conversation with the Design Committee. It is our hope that an early discussion about the project will save time for all involved by answering project questions and addressing potential issues early in the design process. Following the initial conversation, HDCA will need to review project plans prior to their acceptance for permit review by the City of Chelan (as Indicated in the process above).

When reviewing downtown commercial projects HDCA will focus feedback remarks on:

- Maintaining or enhancing historical aspects of the building
- Creating visual appropriateness and continuity with surrounding structures, including colors
- Maintaining or enhancing user interest and experience with the building

Please contact HDCA regarding our construction plan review process by phoning 509.682.4322 or emailing hdca@nwi.net Monday through Friday. We look forward to partnering with you.



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

COMMERCIAL BUILDING PERMIT APPLICATION COMMERCIAL BUILDINGS/STRUCTURES

Parcel Number (APN): _____ **Lot Size:** _____ (Acres)
Parcel Address: _____ **City/Zip:** _____
Abbreviated Legal Description: _____
Property Owner(s): _____
Mailing Address: _____
City/State/Zip: _____ **Phone:** _____
E-mail: _____ *Copy of Recorded Deed is required as an attachment.*

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

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

Application For: New Remodel Addition Commercial Building Multi-Family Building (3 Units or More)
Labor and Material Valuation: \$ _____
 Fire Repair/Replacement of: _____ **Destruction Date:** _____
 Tenant Improvement / Interior Remodel: _____
 Change of use/Proposed Occupancy: _____
 If addition to building is proposed, please identify existing footprint and square footage of structure(s):

 Other: _____
Detailed Description of Proposed Use for the Structure:

Continued on Next Page

IBC Building Construction Type:

- Type IA Type IIA Type IIIA Type IV Type VA
- Type IB Type IIB Type IIIB Type VB

IBC Sprinkler Substitutions (If applicable, please specify all that apply):

- Area Increase Story Increase One-Hour Construction
- Unlimited Areas Height Increase Other: _____

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

Building Height: _____ (ft.) Number of Stories: _____

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

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

- Basement: _____ Main/1st Floor: _____ 2nd Floor: _____ 3rd Floor: _____ 4th Floor: _____
- Deck: _____ Covered Porches/Patios: _____ Mezzanine: _____ Storage: _____
- Other: _____ Area: _____ (sq. ft.)
- Retaining Wall(s): Length(s): _____ (ft.) Height(s): _____ (ft.)

For existing structure(s), describe existing use and occupancy:

Please provide the following details (indicate retail/office areas in square feet):

Existing Bathrooms: _____ New Proposed Bathrooms: _____
 Existing Retail Space: _____ New Proposed Retail Space: _____
 Existing Office Space: _____ New Proposed Office Space: _____
 No. of Existing Employees: _____ No. of Proposed Employees: _____

Will New Proposal Affect Existing Parking or Access? Yes No

No. of Existing Off-Street Parking Spaces: _____ No. of Proposed Off-Street Parking Spaces: _____

New/Change Mechanical? Yes No

New Landscaping Proposed? Yes No Landscaping Plan attached, if applicable.

Is this building for Restaurant Use: No Yes, please indicate the number of seats in the establishment.

Existing Number of Seating: _____ Proposed Number of Seating: _____

Impervious Surface (IS) Information in Square Feet:

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.)

Total Square Footage of All Commercial Buildings (structures only) on Property: _____ (sq. ft.)

Sanitation Disposal:

Sewer Septic Permit #: _____ Existing New

Provide copy of septic permit approval, 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 river, stream, wetland, drainage way, other water body? <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: _____

****May involve height restrictions, a wetland delineation, a geologic site assessment, and additional setback requirements. Inquire with Chelan Planning Development.***

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

COMMERCIAL BUILDING PERMIT SUBMITTAL CHECKLIST

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 williams@cityofchelan.us)

APPLICANT SUBMITTAL ITEMS			STAFF VERIFICATION / INTAKE COMMENTS	
	YES	N/A		
1.	<input type="checkbox"/>	<input type="checkbox"/>	Complete Application Water Meter Installation Form Ownership Certification Form, signed and notarized Have Easements Been Disclosed? HDCA Design Committee Review, <i>(Required for Downtown Storefront Streets only)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes
2.	<input type="checkbox"/>	<input type="checkbox"/>	Deed / Legal Description <i>(Attached)</i>	<input type="checkbox"/> Yes
3.	<input type="checkbox"/>	<input type="checkbox"/>	Zoning: _____ <i>(Check with Department Staff for Setbacks, Zoning, and Critical Area Restrictions)</i> Have Subdivision Notes and Conditions of Approval Been Achieved? (Refer to Respective Files)	<input type="checkbox"/> Land Use Permit Conditions of Approval attached Violations <input type="checkbox"/> No <input type="checkbox"/> Yes; File #: _____
4.	<input type="checkbox"/>	<input type="checkbox"/>	CRITICAL AREAS AND REPORTS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Form Submitted
5.	<input type="checkbox"/>	<input type="checkbox"/>	ADDITIONAL COMMERCIAL ITEMS SEPA (Environmental Checklist) Substantial Shoreline Devel. Permit, (if required) Landscape Plan Traffic Impact Study Stormwater Drainage Plan Parking; Existing: _____ Proposed: _____ ADA Compliant Parking; # of spaces: _____ Employees; Existing: _____ Proposed: _____ Restaurant; Existing Seats: _____ Proposed: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attached <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Permit No. : _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attached <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attached <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attached <input type="checkbox"/> Yes <input type="checkbox"/> No No: Existing: _____ Proposed: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No No: Existing: _____ Proposed: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No No: Existing: _____ Proposed: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No No: Existing: _____ Proposed: _____
6.	<input type="checkbox"/>	<input type="checkbox"/>	BUILDING PLANS IN ARCHITECTUAL SCALE Foundation Plan Floor Plan (each floor level) Means of Egress Plan Floor Framing (each floor & decks) Roof Framing Plan Engineering (Stamp required) <i>(Verify design criteria w/the Building Division)</i> Mechanical and Plumbing systems Cross-section(s) Elevation Drawings (All four sides) Finished & Existing Grade shown and labeled Elevation of Building Site: _____(ft.) Washington State University Energy Compliance Form Heat Loss Calculations Stormwater Plan (If Applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No Scale Utilized: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No Snow Load: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Designed for Wind, Snow, Seismic & Frost? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No Building Height: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Zoning Height: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Shoreline Height: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Attached <input type="checkbox"/> Yes <input type="checkbox"/> No Attached <input type="checkbox"/> Submittal at Framing Inspection <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No N/A <input type="checkbox"/> Attached
7.	<input type="checkbox"/>	<input type="checkbox"/>	Copy of Contractor's License <i>(Unexpired)</i>	<input type="checkbox"/> N/A <input type="checkbox"/> Yes; Expiration date: _____
8.	<input type="checkbox"/>	<input type="checkbox"/>	Cross Connection Control Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	<input type="checkbox"/>	<input type="checkbox"/>	Site Map	<input type="checkbox"/> Yes
10.	<input type="checkbox"/>	<input type="checkbox"/>	Submittal Fees Paid	<input type="checkbox"/> Yes <input type="checkbox"/> No

SUBMIT THIS SHEET WITH YOUR APPLICATION

**APPLICATIONS ARE REVIEWED FOR ZONING, SETBACKS AND BUILDING PLAN COMPLIANCE.
THE DEPARTMENT WILL NOTIFY THE APPLICANT ONCE THE APPLICATION IS READY FOR ISSUANCE.**

SITE PLAN CHECKLIST

- One electronic** copy of site plan is required.
Must be drawn to standard engineering/architect's scale, not to exceed 1"=100'. Indicate the scale used. Must include North arrow, and be drawn on grid paper or engineering plan format. For large parcels, applicant may submit a two-page site plan, the first page depicting the entire lot at a convenient scale and the second page depicting an enlargement of the developed area at a larger scale.
- Label property line locations and dimensions
- Label the location, size, and use of all existing building(s). Identify the distance between property lines and buildings. Label structures with previous building permit number(s) issued, if applicable.
- Label the existing centerline, curb and sidewalk.
- Label name or number of all streets and alleys adjacent to the site. Show any off-site easements or private streets that provide access from the site to a public road.
- Label all existing and proposed easement; utility, open space, drainage, and access easements, and dimension accurately
- Label front, side and rear setbacks (if applicable). Designate which are front, side and rear setbacks
- Label the location, size, and use of all proposed structure(s) to include dimensions of all decks, porches, cantilevers, bay windows, roof overhangs, retaining walls, patios, chimneys, landings and stairs.
- Label compact, full size, and handicapped parking spaces. Label signage for compact and handicapped spaces.
- Label the layout of all internal walkways and connection to public sidewalk or right-of-way. Provide details and enlargement of pedestrian areas, including handicapped ramps.
- Label location of utility vaults, fire hydrants, fire department connection, electrical equipment pads flagpoles, all exposed HVAC equipment, and traffic signs.
- Label location and dimension of all entry drives. Show the proposed layout including parking stall angle, bay and aisle width, and provide typical dimensions for stall width and length to the wheel stop. Locate and dimension on-site loading areas.
- Label all areas for new planting. Please ensure that landscaping plans are compatible with the architectural site plan.
- Label all walls and fences: Indicate location, length and height. Provide section and elevation details for new construction.
- Label surface elevation at each corner of the site. For sites with slopes greater than 10%, show existing and proposed contours at 2' intervals. Locate temporary and permanent benchmarks.
- Indicate dumpster/trash enclosures and recycle material storage area.
- Identify the location, dimensions and volume of all existing and proposed propane tanks, fuel tanks, etc., both above ground and underground, as well as setback from property lines.
- Identify land features such as top and bottom of slopes, direction of slope and any areas of erosion.
- Identify and label all water features to include, ponds, springs, ravines, streams, creeks, lakes, irrigation laterals, canals, ditches, wetlands, flood plain, floodway. Identify the closest distance between the ordinary high water mark and proposed/existing structures.

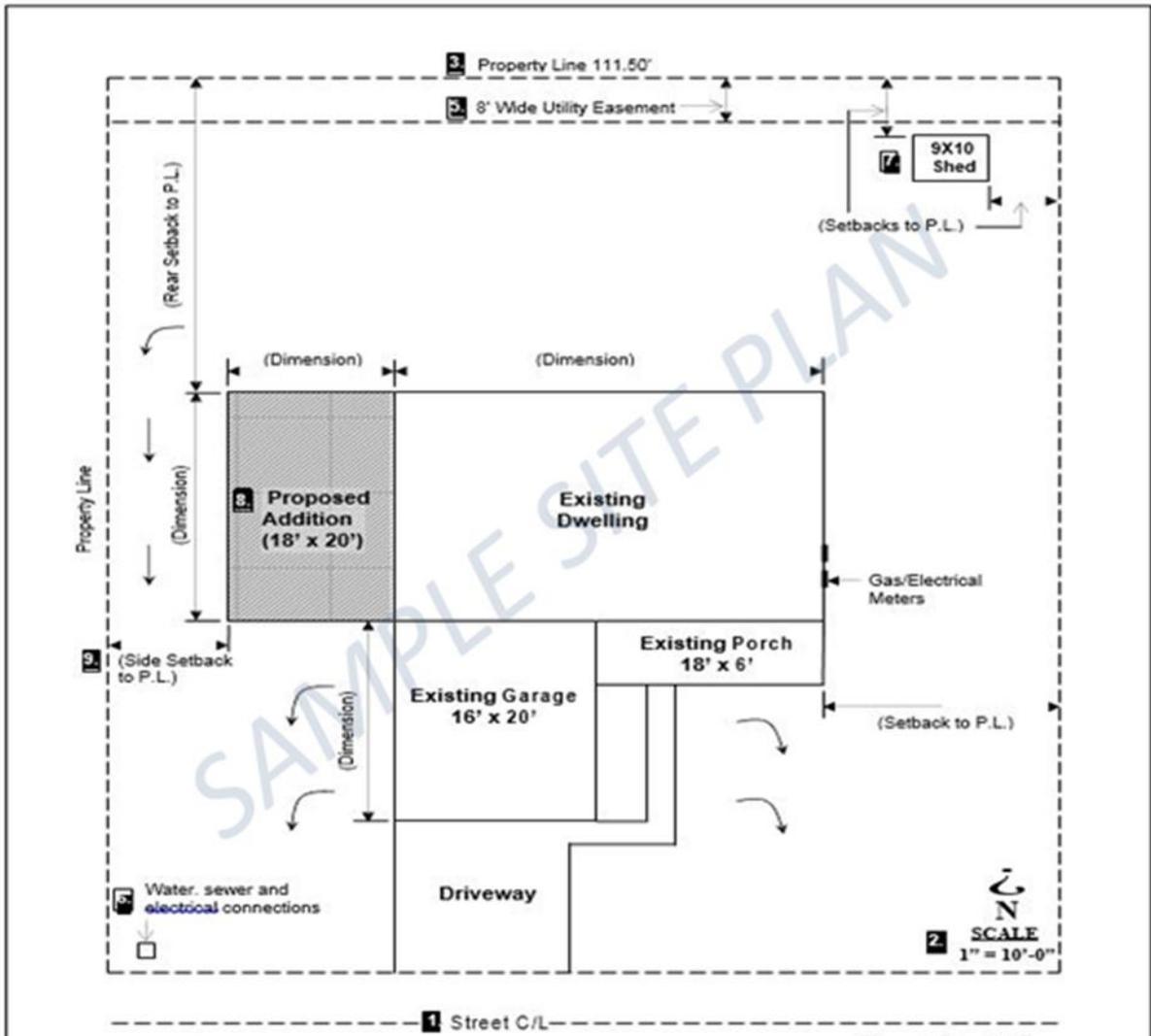
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- Label the name and width of roads bordering the property and indicate whether they are public or private.
- Locate the width of existing and proposed driveways/accesses serving each structure. Include stormwater control facilities such as drains, detention ponds, connection lines, catch basins, etc.
- Label all existing and proposed parking spaces/areas. Parking in residential districts is typically not allowed in the front yard setback area. All parking shall have durable and dustless surfaces suited to all weather use, unless required otherwise. If applicable, show handicapped parking and accessible routes to the structure and within the site to other structures and features.
- Identify and label all easements and widths, deed restrictions, other encumbrances, and/or issues restricting or affecting the use or condition of the property, including but not limited to access, utilities, irrigation and overhead power. Include the Auditor's file number(s).

BEFORE ANY DEVELOPMENT OCCURS, PLEASE CALL 1-888-663-8121 TO LOCATE ANY PUD EASEMENTS!

- Show the location of all existing and proposed overhead and underground utilities including, but not limited to water, sewer, gas, and electrical.
 - Identify location of all septic/pump tank, drain field, reserve area and tight line involving the proposed structure(s). Show the distance from proposed structure(s) to septic tank, drain field, and any water body, wetland area and/or flood plain to ensure they meet the required horizontal setbacks from each other and property lines. See Chelan/ Douglas County Health District Horizontal Setback Table for details. If applicable, the approved Health District and City site plan must be identical.
 - If applicable, identify existing and proposed landscaping, screening and/or fencing. (Show type of landscaping, size, spacing, and provisions for irrigation).
 - If applicable, include outdoor lighting and signage. Label each as existing or proposed.
-

SITE PLAN (SAMPLE)



Sample Check List

The checklist below is a guide to assist homeowners and designers verify the required information is included on the site plan. Please be aware that plans lacking any of these items may delay the plan check review process.

1. Street name, driveway, sidewalk, landscaping
2. Drawing scale, north arrow
3. Lot dimensions, property lines
4. Lot drainage flow arrows (call out slope), grading and swales
5. Easements, utilities
6. On-site water system (septic or well systems, if any)
7. Label and locate existing buildings and other physical structures
8. Label and locate proposed additions, retaining walls and other physical structures
9. Setback distances to property lines, easements and distances to other structures
10. Name and signature of designer

Property Owner's Name
 Property Address and Phone No.
 A.P.N. (Assessor Parcel Number)
 Scope of Work
 Designer's Name & Signature
 Site Area and Lot Coverage

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>office, retail, 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"/> 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"/> 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 and be transferred to both sets of building plans and calculations. (<i>stamp required</i>) <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 <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"/> Sink(s)/Laundry sink(s) <input type="checkbox"/> Lavatory Sink(s) <input type="checkbox"/> Toilet(s) <input type="checkbox"/> Water Heater

Continued on Next Page

STRUCTURAL PLANS CHECKLIST

(Continued)

5.	<input type="checkbox"/>	<input type="checkbox"/>	<p>MECHANICAL SYSTEM:</p> <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"/> 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"/>	<p>CROSS SECTION:</p> <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"/>	<p>ELEVATIONS (<i>four views are required</i>):</p> <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 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"/>	<p>WASHINGTON STATE ENERGY CODE COMPLIANCE (NON-RESIDENTIAL):</p> <p>Energy code forms must be submitted with building plans. Prescriptive forms are available at this office or on the internet at: http://www.neec.net/energy-codes</p>
	<input type="checkbox"/>	<input type="checkbox"/>	<p>Heat Loss Calculations</p>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<p>DARK SKY</p> <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>

METER INSTALLATION ORDER FORM

OWNER/AGENT:		Acct. No.	
Name:		Phone:	
Service Address:		Parcel #:	
Billing Address:			
Size of Meter: 5/8"x3/4" <input type="checkbox"/> 1" <input type="checkbox"/> 2" <input type="checkbox"/> Other <input type="checkbox"/>			
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 METER INSTALLATION, WATER 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: Single <input type="checkbox"/> Double <input type="checkbox"/>			
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"/> Septic		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:	

**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:

- Wetland
- Critical Aquifer Recharge Area
- Fish and Wildlife Habitat Conservation Area
- Geologically Hazardous Area
- Frequently Flooded Area

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

- City of Chelan generalized Critical Areas map
- Wetland map based on the NWI
- SWAP map
- PHS Maps or other maps based on current PHS data
- The Flood Insurance Study for the City of Chelan*
- Chelan County Soil Survey*
- Seismic Design Category Map for Residential Construction in Washington, Sheet 2*
- 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: _____



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 No
 - b. Hot tub (fills with a hose or automatic filler) Yes No
 - c. Swimming pool Yes No
 - d. Underground sprinkler system Yes No
 - e. Drip irrigation system Yes No
 - f. Greenhouse Yes No
 - g. Solar water heating system Yes No
 - h. Water makeup lines (boiler, hydronic heating) Yes No
 - i. Utility sink with threaded faucet (hose attachment) Yes No
 - j. Fire sprinkler system Yes No
 - k. Unknown, unidentifiable or complicated piping Yes No
4. Do you use:
 - a. Antifreeze flush kits with your automobile Yes No
 - b. Insecticide sprayers (that attach to a garden hose) Yes No
 - c. Darkroom or photo developing equipment Yes No
 - d. Fill adapters for waterbed, fish tank or other Yes No
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 No
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
TRAFFIC SCOPING INFORMATION WORKSHEET**

***Please submit the information requested below to the City of Chelan Public Works Department with a copy of the site plan.
Do not submit trip generation or distribution at this time.***

Applicant: _____ Phone: _____

Mailing Address: _____

Parcel Number(s) _____

Parcel Size: _____ square feet _____ acres

Existing Use: _____

Proposed Use: _____

Land Use	# of units or sq ft	For Agency Use Only			
		Land Use Code	Basic Rate PM Peak Trips/Unit	New Trips %	New Trip Rate

For Agency Use Only

Project Trips to be Distributed as follows: