



## 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

(Including additions, remodels, garages and decks)

## 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.



**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:** \_\_\_\_\_ **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:** \_\_\_\_\_ **7]hm6 i g]bYgg' @WbgY.**  
**Contractor's License Number:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**City/State/Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**E-mail:** \_\_\_\_\_

**Application For:**  New  Remodel  Addition  Fire Repair/Replacement **Destruction Date:** \_\_\_\_\_  
 Single Family Residence  Accessory Dwelling Unit  Accessory Structure  Other \_\_\_\_\_  
**Labor and Material Valuation:** \$ \_\_\_\_\_  
**Proposed changes/use of structure:** \_\_\_\_\_  
**Development/Structure Details:** **Dimensions of Building Footprint:** \_\_\_\_\_ (ft.)  
**Building Height:** \_\_\_\_\_ (ft.)  
 *Label Existing/Finished Grade on all 4 elevation views of Building Plans*  
**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.)  
**Floor Area(s)—check all that apply and indicate the area in Square Feet:**  
 Basement: \_\_\_\_\_  Main/1<sup>st</sup> Floor: \_\_\_\_\_  2<sup>nd</sup> Floor: \_\_\_\_\_  3<sup>rd</sup> Floor: \_\_\_\_\_  Decks: \_\_\_\_\_  
 Covered Porches/Decks: \_\_\_\_\_  Carport: \_\_\_\_\_  Garage: \_\_\_\_\_  Other: \_\_\_\_\_  
**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: _____
<b>*May involve height restrictions, a wetland delineation, a geologic site assessment, and additional setback requirements. Inquire with Chelan Planning Development</b>	

**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

## 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 [williams@cityofchelan.us](mailto:williams@cityofchelan.us))

APPLICANT SUBMITTAL ITEMS			STAFF VERIFICATION / INTAKE COMMENTS	
	YES	N/A		
1.	<input type="checkbox"/>	<input type="checkbox"/>	Complete Application	<input type="checkbox"/> Yes
	<input type="checkbox"/>	<input type="checkbox"/>	Water Meter Installation Form	<input type="checkbox"/> Yes
	<input type="checkbox"/>	<input type="checkbox"/>	Ownership Certification Form, signed and notarized	<input type="checkbox"/> Yes
	<input type="checkbox"/>	<input type="checkbox"/>	Previous Building Permits and Status? Have Easements Been Disclosed?	BP #'s: _____ <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: _____  (Check with Department Staff for Setbacks, Zoning, and Critical Area Restrictions) 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"/>	<b>CRITICAL AREAS CHECKLIST</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No Form Submitted
5.	<input type="checkbox"/>	<input type="checkbox"/>	<b>BUILDING PLANS IN ARCHITECTUAL SCALE</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No Scale Utilized: _____
	<input type="checkbox"/>	<input type="checkbox"/>	Foundation Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/>	<input type="checkbox"/>	Floor Plan ( <i>each floor level</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/>	<input type="checkbox"/>	Means of Egress Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/>	<input type="checkbox"/>	Floor Framing ( <i>each floor &amp; decks</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/>	<input type="checkbox"/>	Roof Framing Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No: Snow Load: _____
	<input type="checkbox"/>	<input type="checkbox"/>	Engineering ( <i>stamp required</i> ) (Verify design criteria w/the Building Division)	<input type="checkbox"/> Yes <input type="checkbox"/> No: Designed for Wind, Snow, Seismic and Frost?
	<input type="checkbox"/>	<input type="checkbox"/>	Truss Layout and Calculations	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Attached
	<input type="checkbox"/>	<input type="checkbox"/>	Mechanical and Plumbing systems	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/>	<input type="checkbox"/>	Cross-section(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/>	<input type="checkbox"/>	Elevation Drawings (All four sides)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Building Height: _____
	<input type="checkbox"/>	<input type="checkbox"/>	Finished & Existing Grade shown and labeled	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Zoning Height: _____
	<input type="checkbox"/>	<input type="checkbox"/>	Elevation of Building Site: _____ (ft.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Shoreline Height: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attached
	<input type="checkbox"/>	<input type="checkbox"/>	Washington State Energy Compliance Form ( <i>conditioned space</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attached <input type="checkbox"/> Submittal at Framing Inspection
	<input type="checkbox"/>	<input type="checkbox"/>	Heat Loss Calculations ( <i>conditioned space</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Attached
	<input type="checkbox"/>	<input type="checkbox"/>	Stormwater Plan (If Applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Attached
6.	<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: _____
7.	<input type="checkbox"/>	<input type="checkbox"/>	Cross Connection Control Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	<input type="checkbox"/>	<input type="checkbox"/>	Site Plan ( <i>Please refer to site plan checklist</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> Required Parking shown on site plan
9.	<input type="checkbox"/>	<input type="checkbox"/>	Submittal Fees Paid	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PLEASE 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.**

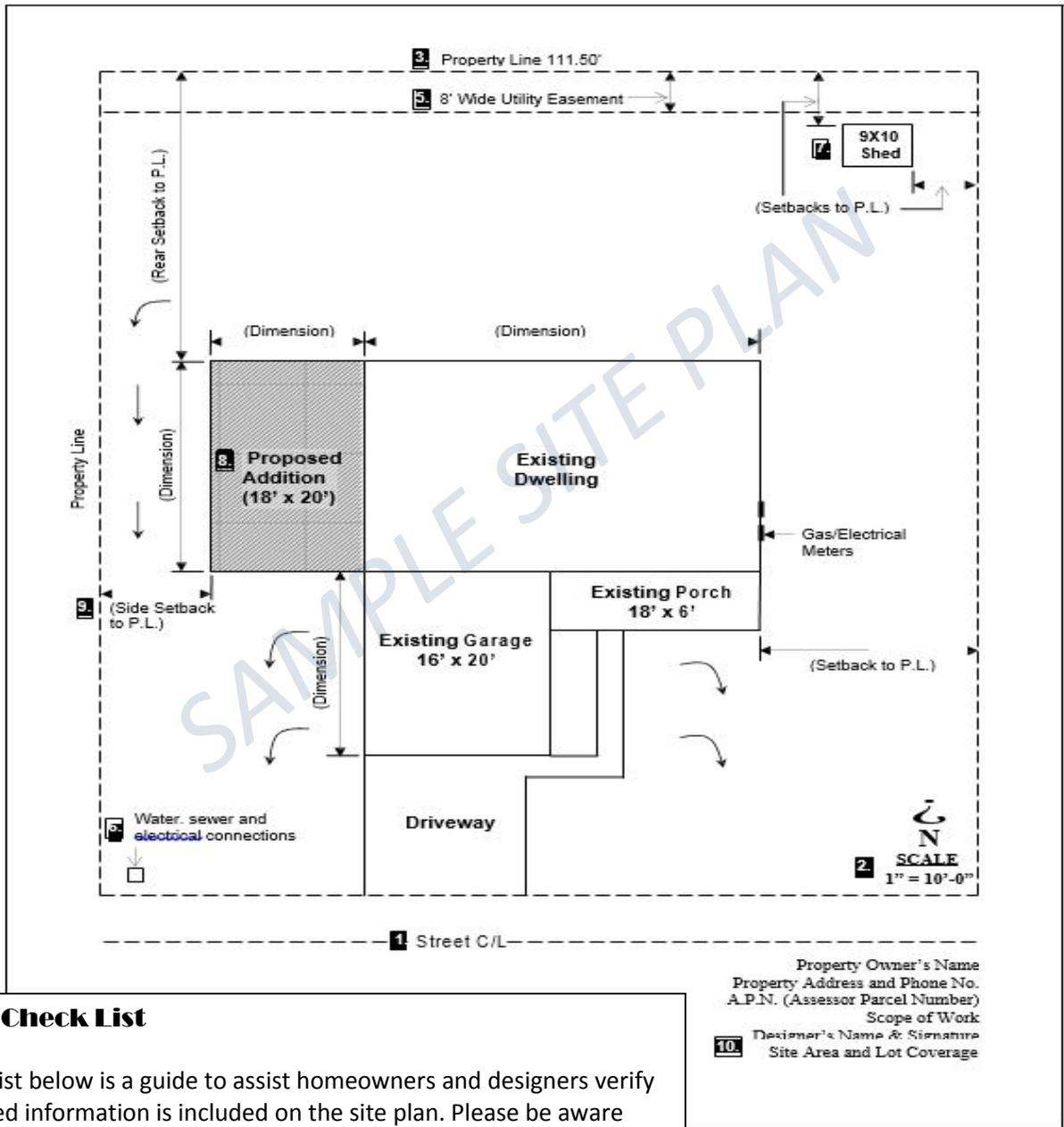
## SITE PLAN CHECKLIST

- An **electronic** copy of the 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 all property lines/boundaries, dimensions, and area of lot/parcel (square feet or acreage).
- 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 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.
- 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, wetlands, flood plain, floodway. Identify the closest distance between the ordinary high water mark and proposed/existing structures.
- 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.
- 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 Health District Horizontal Setback Table for details. If applicable, the approved Health District and County site plan must be identical.
  - If septic tank/drain field is off site, please show the location of these systems on the adjacent property or properties and provide a copy of the easement agreement(s).
  - 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

# 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 1/4 scale, unless the Building Official authorized a different scale in writing. *Buildings must comply with the correct design criteria.*

<b>APPLICANT ELECTRONIC SUBMITTAL ITEMS</b>			
	YES	N/A	
1.	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>FOUNDATION PLAN:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 8' max height on top restrained and 4' on cantilevered foundation walls, otherwise engineering is required.</li> <li><input type="checkbox"/> All pads and dimensions (<i>deck, porches, patios</i>)</li> <li><input type="checkbox"/> Girders, posts, floor joists, slabs</li> <li><input type="checkbox"/> Access and ventilation</li> <li><input type="checkbox"/> Slab insulation location (<i>if applicable</i>)</li> <li><input type="checkbox"/> Retaining Walls</li> </ul>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>BUILDING PLANS MUST BE DRAWN AT 1/4 SCALE</b></p> <p><b>FLOOR PLANS:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> All spaces labeled by use (<i>bedroom, bathroom, etc.</i>)</li> <li><input type="checkbox"/> New vs. existing (<i>if addition or remodel</i>)</li> <li><input type="checkbox"/> All door and window sizes including door swing</li> <li><input type="checkbox"/> Bedroom &amp; basement windows meet egress requirements</li> <li><input type="checkbox"/> Stairs with direction (<i>up or down</i>)</li> <li><input type="checkbox"/> Location and fuel source for appliances</li> <li><input type="checkbox"/> Decks and patios</li> <li><input type="checkbox"/> Unheated spaces clearly marked</li> <li><input type="checkbox"/> Guardrail and handrail details</li> <li><input type="checkbox"/> Attic access</li> <li><input type="checkbox"/> Smoke detector locations</li> </ul> <p><b>FRAMING PLANS:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Floor framing plans (<i>each floor</i>)</li> <li><input type="checkbox"/> Roof framing plans</li> <li><input type="checkbox"/> Decks and patio framing</li> </ul>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>ENGINEERING (<i>if applicable</i>):</b></p> <ul style="list-style-type: none"> <li><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>)</li> <li><input type="checkbox"/> All prow fronts shall be designed by an Engineer.</li> <li><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>).</li> <li><input type="checkbox"/> Lateral bracing (<i>if it doesn't comply with IRC conventional construction provisions</i>)</li> <li><input type="checkbox"/> Overhangs or cantilevers beyond conventional construction provisions or beyond those recommended by product manufacturer.</li> <li><input type="checkbox"/> Beams or columns having unusual loads.</li> <li><input type="checkbox"/> Soils/geotechnical reports where applicable (<i>contact the Building Division for more information</i>).</li> </ul>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>PLUMBING:</b></p> <ul style="list-style-type: none"> <li><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.</li> <li><input type="checkbox"/> Kitchen Sink(s)/Laundry sink(s)</li> <li><input type="checkbox"/> Lavatory Sink</li> <li><input type="checkbox"/> Shower(s)/Bathtub(s)</li> <li><input type="checkbox"/> Toilet(s)</li> <li><input type="checkbox"/> Water Heater</li> <li><input type="checkbox"/> Washing Machines</li> </ul>

**Continued on Next Page**

## STRUCTURAL PLANS CHECKLIST

(Continued)

5.	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>MECHANICAL SYSTEM:</b></p> <ul style="list-style-type: none"> <li><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.</li> <li><input type="checkbox"/> Duct work in garage minimum 26 gauge with no openings in garage.</li> <li><input type="checkbox"/> Supply and return are provided with adequate chase to upper floors, are shown on plans.</li> <li><input type="checkbox"/> Heat Pump</li> <li><input type="checkbox"/> Central Furnace</li> <li><input type="checkbox"/> Wood stove / Fireplace (<i>cannot be the primary heat source</i>).</li> <li><input type="checkbox"/> Other</li> </ul>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>CROSS SECTION:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Foundation Dimensions</li> <li><input type="checkbox"/> Reinforcement steel shown or noted as specification on plans.</li> <li><input type="checkbox"/> Insulation (<i>walls, floors, ceiling, slab</i>)</li> <li><input type="checkbox"/> Framing Details</li> <li><input type="checkbox"/> Stair and Landings</li> <li><input type="checkbox"/> Roof Details (<i>include roofing materials</i>)</li> <li><input type="checkbox"/> Lateral Bracing</li> </ul>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>ELEVATIONS (<i>four views are required</i>):</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> North</li> <li><input type="checkbox"/> South</li> <li><input type="checkbox"/> East</li> <li><input type="checkbox"/> West</li> <li><input type="checkbox"/> Existing grade must be accurately shown and labeled on each view.</li> <li><input type="checkbox"/> Final grades must be accurately shown and labeled on each view.</li> <li><input type="checkbox"/> New vs. existing clearly shown (<i>for remodels &amp; additions</i>)</li> </ul>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>WASHINGTON STATE ENERGY CODE COMPLIANCE:</b></p> <p>Energy code forms must be submitted with building plans. Prescriptive forms are available at this office or on the internet at <a href="http://www.energy.wsu.edu/code">http://www.energy.wsu.edu/code</a>.</p> <p><input type="checkbox"/> Heat Loss Calculations</p>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>DARK SKY</b></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>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>GARAGES</b></p> <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 - 35 lb. PSF
- Ground Snow Load – 45 lb. PSF
- Wind Speed – 85 M.P.H.
- 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.

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: \_\_\_\_\_

## 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: \$	
<b>UPON COMPLETION OF METER INSTALLATION, WATER SERVICE CHARGES WILL COMMENCE.</b>			
Signature of Owner/Agent:			
<b>PUBLIC WORKS</b>			
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:	
<b>SEWER:</b> <input type="checkbox"/> City <input type="checkbox"/> Septic		<b>GARBAGE:</b> <input type="checkbox"/> City <input type="checkbox"/> Zippy	
Comments: (Make Detailed Sketch of Installation on Back)			
<b>CITY HALL</b>			
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

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

**Brief description of project:**

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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:

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(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

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**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

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### 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"/>
	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