SAN JUAN COUNTY DEPARTMENT OF COMMUNITY DEVELOPMENT

135 Rhone Street, P.O. Box 947, Friday Harbor, WA. 98250 | (360) 378-2354 | (360) 378-2116 | Fax (360) 378-3922
cdp@sanjuanco.com | www.sanjuanco.com

# BUILDING PERMIT APPLICATION

**It is the permit holder's responsibility to renew their permit each year on its issue date until finalized. You will not be billed for this, so please keep track of your renewal date!**

## ▪ Manufactured / Mobile Home Installation

**CHECKLIST**

1. ☐ Completed Permit Application (Blue) including "Scope of Work Statement" & estimated valuation
2. ☐ Site plans and floor plan drawing as follows: (for info on "how to draw a site plan" please refer to the website at http://www.sanjuanco.com/dcd **Drawings should be no larger than 24 X 36.**
   a. ☐ Site plans (4 copies – 2 of which should be 11 X 17)
   b. ☐ Profile plans (2 copies)
   c. ☐ Construction drawing (2 copies) including foundation, floor plan, and exterior site built deck details.
3. ☐ Mechanical & Plumbing information table filled out (if structure contains either or both)
4. ☐ An approved Septic Design Number or report is required if your structure contains plumbing fixtures
5. ☐ Certificate of Water Availability - submit to Health & Community Services
6. ☐ Stormwater Management Plan
   a. ☐ "Impervious Surfaces Worksheet" (Form SW 3) must be completed and submitted – example provided.
   b. ☐ If your project creates less than 2,000 sf of new impervious surface and less than 7,000 sf of land disturbance, sign and submit the "Certification of Compliance" (Form SW 1) for a "**Simple Project**".
   c. ☐ If you will be creating over 2,000 sf of new impervious surface, or creating over 7,000 sf of land disturbance, this is considered a "**Small Project**" and you must prepare a Stormwater Management Plan along with a completed Stormwater Plan Review Application form (Form SW 4). Provide the review application along with 2 copies of the plan and a check for $245.00 made out to SJC CDP.
   d. ☐ If you will be creating over 5,000 sf of new impervious surface, or creating over 7,000 sf of land disturbance, this is considered a "**Large Project**" and you must prepare a Stormwater Management Plan to accommodate this. Provide the review application along with 2 copies of the plan and a check for $245.00 made out to SJC CDP.
   ***Information pertaining to these project levels and report requirements are also available online.***
7. ☐ Read the Utility Certification on page 2 of the permit application
8. ☐ Mark the "SHORELINE" section indicating if your development is within the shoreline jurisdiction (200' of the Ordinary High Water Mark (OHWM).
   a. ☐ ***IF YOUR PROJECT IS IN THE SHORELINE JURISDICTION,*** complete the "Shoreline Exemption" section of the application
9. ☐ Contractor/installer information, including business name, address, phone, license number
10. ☐ Be sure the applicant or agent signs the back of the application.
11. ☐ (PW) Address Request / Review form ☐ (PW) Access / Right of Way Application form

***If you have any questions, please call 378-2116, Monday –Friday, 8:00 am – 1:00 pm.***

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# BUILDING PERMIT APPLICATION

## CRITICAL NOTICES

### 1) ARCHAEOLOGICAL MATERIALS

IF ARCHAEOLOGICAL MATERIALS ARE OBSERVED WORK MUST BE STOPPED. Should archaeological materials (e.g. bones, shell, stone tools) or human remains be observed during ground-disturbing and construction activities, all work in the immediate vicinity should stop. San Juan County Community Development & Planning (360/378-2116) should be contacted immediately in order to assess the situation and determine how to preserve the resource(s). Compliance with all applicable laws pertaining to archaeological resources is required.

### 2) SHORELINE BUILDING APPLICANTS

Please indicate clearly on the plan sets, or attach separate sheets showing the profile views of all faces of the buildings in the 200 foot shoreline jurisdiction. You must also accurately show the slopes of the ground for each elevation, both before and after any grading. Cuts over 12 inches, and all fill, will be included in the height calculation.

### 3) NOT BUILT ON-SITE

If your structure is not being built on-site, you must contact Community Development & Planning
Department to discuss how it will be brought to the islands and to your building site.

### 4) CALL BEFORE YOU DIG

You must phone the utility location center 24 hour hotline at **1-800-424-5555** to locate utilities prior to any excavation.

### 5) FIRE APPARATUS & EMERGENCY ACCESS

Fire Apparatus Access Road: A road that provides fire apparatus access from a fire station to a facility, building or portion thereof. This is a general term inclusive of all other terms such as fire lane, public street, private street, parking lot lane, access roadway and driveways.

ALL ACCESS ROAD REQUIREMENTS 1. Maximum grade allowed:
A) Gravel driveway – 16.0 percent; B) Paved driveway – 22.0 percent

2. Minimum grade allowed – 1.0 percent
3. Minimum curve radius allowed – 50 feet
4. Minimum finished driveway width – 12 feet
5. Cul-de-sacs or hammerhead turnarounds constructed in accordance with County standards are to be located at a maximum of 1,000-foot intervals.
6. All dead-end Fire Apparatus Access Driveways that are more than 150 feet in length shall be provided with an approved cul-de-sac or hammerhead turn-around, constructed in accordance with diagrams provided in the policy and include no more than 150 feet from the end of the Fire Apparatus Access Driveway
7. Fire Apparatus Access Driveways shall be designed and maintained to support fire apparatus, and shall be provided with a surface providing all-weather driving capabilities.
8. All bridges, culverts greater than 24 inches in diameter, and elevated surfaces shall be designed to meet load limits as required for private roads.
9. Fire Apparatus Access Driveways shall be kept clear and unobstructed and maintained to provide the required 12 foot width and shall also be maintained to provide an unobstructed vertical clearance of 13 feet above the driveway surface. Prohibited obstructions include, but are not limited to, planters, retaining walls, medians, landscaping, brush, or other vegetation.
10. All gates or barriers where provided across Fire Apparatus Access Driveways shall be approved, installed, and regulated as provided by Section 503.5 of the international Fire Code.

Legally existing occupiable structures shall not be required to bring their existing driveways into compliance with this policy. Any questions regarding this should be directed to the San Juan County Fire Marshal, 1011 Mullis St., Friday Harbor, WA 98250 (360) 378-3473, or see: www.sjcfiremarshal.org.

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# BUILDING PERMIT APPLICATION

ISSUE DATE: _____
PERMIT NO.: _____

☐ BUILDING ☐ PLUMBING ☐ MECHANICAL ☐ REVISION ☐ MODULAR

*PLEASE CHECK ALL THAT APPLY ABOVE*

## PROPERTY INFORMATION

| Tax Parcel Number | | Shoreline: | ☐ NO ☐ YES | (IF YES, ANSWER SHORELINE EXEMPTION QUESTIONS ON THE NEXT PAGE) |
|---|---|---|---|---|

Island: _____ Project Street Address (if assigned): _____

Description of Project/Work: _____

## APPLICANT INFORMATION

| | | | |
|---|---|---|---|
| Name of Owner(s): | | Email: | |
| Mailing Address: | | Phone: | |
| City: | | State: | Zip: |

## CONTACT/AGENT INFORMATION (THIS IS THE PERSON TO BE CONTACTED ABOUT MATTERS PERTAINING TO THIS PERMIT APPLICATION)

| | | | |
|---|---|---|---|
| Name of Contact/Agent: | | Email: | |
| Mailing Address: | | Phone: | |
| City: | | State: | Zip: |

## CONTRACTOR INFORMATION ☐ OWNER CONTRACTOR (MUST SIGN DECLARATION ON REVERSE SIDE OF APPLICATION)

| | | | |
|---|---|---|---|
| Name of Contractor: | | Email: | |
| Mailing Address: | | Phone: | |
| City: | State: | Zip: | License # |

## MANUFACTURER & INFORMATION PERTAINING TO THE HOME AND SITE

Manufacturer of home: _____ Cost: _____ SF: _____

Date Manufactured: _____ Number of Sections: _____ Sq. Ft. Uncovered Decks & Porches: _____

Label/Serial #: _____ RPA#? _____ Sq. Ft. Covered Decks & Porches: _____

Water Availability #: _____ Septic Design # _____ Sq. Ft. of Disturbed Land Area: _____

# of Bedrooms in structure: _____ # of Bedrooms currently on parcel: _____ Total # of Bedrooms: _____

Manufacturer's E-mail: Manufacturer's Phone:

Please contact SJC CD&P to discuss how your home will be brought to the islands *(ferry or barge)*.

**(360) 378-2116**

| Mechanical Equipment | Quantity | Fee | To be Completed by SJC Staff |
|---|---|---|---|
| *LPG or Fuel Oil Tank (Indicate size & Location on site plan)* | | *$12.00* | |
| *Underground Piping* | | *$12.00* | |
| *Interior Gas Piping* | | *$12.00* | |
| *Processing Fee* | | *$34.00* | *$34.00* |
| | | *Mechanical Permit Fee TOTAL* | |

# Mobile/Manufactured Home

***Minimum fee for stand-alone Plumbing and Mechanical Permits is $69.00 | **Demolition fee is $105.00 plus a $4.50 state surcharge.**

**PERMIT APPLICATION (continued) Owner's Name:** _____

**SHORELINE EXEMPTION:** **Shoreline Parcels – only applies if proposed construction is within an area subject to the requirements of the Shoreline Master Program**

| Yes | No | |
|---|---|---|
| ☐ | ☐ | Is the property owned by a corporation? |
| ☐ | ☐ | Is the building permit application in a corporate name? |
| ☐ | ☐ | Is the proposed residence to be sold? Is the proposed residence to be rented? |
| ☐ | ☐ | Will the land disturbing activities (grading, excavation, fill, etc.) exceed 7000 square feet? |
| ☐ | ☐ | Do you own a single family residence on any other waterfront parcel in San Juan County? |

**Owner/Contractor sign here**

**STOP:** ***If you answered yes to any of these questions, contact CD&P for a Shoreline Permit Application.***

**OWNER/CONTRACTOR DECLARATION*** **(Check box if applicable)** ☐

I am the (an) owner of this property and intend to perform the work covered by this 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 any assistance on 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. **I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.**

***Signature of Owner:*** _____

**LENDER INFORMATION NOTICE:**

Effective 4/1/92, per RCW 19.27.095, all building permit applications 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. (Note that contractors are only required to carry a bond amount of $6,000 in order to be licensed.)

| Name of Lender (or contractor if applicable) | COMPLETE ADDRESS | PHONE NUMBER |
|---|---|---|

**UTILITY NOTIFICATION CERTIFICATION:**

**APPLICANT CERTIFIES BY SIGNING THIS APPLICATION THAT HE/SHE WILL PHONE 1-800-424-5555 (24 hour Utility Location Center) TO LOCATE UTILITIES PRIOR TO EXCAVATION***

*San Juan County CD&P will not accept any responsibility on behalf of applicants failing to comply with the requirement to contact the appropriate utility companies. Any resultant action for failure to perform, including action necessary to make corrections or prevent liability to the county will be the sole responsibility of the owner, permit applicant, or authorized agent as noted herein.

**IMPORTANT PLAN REVIEW AND PERMIT EXPIRATION NOTICES:**

Unless otherwise extended by the building official, the plan review associated with **this application becomes null and void** if a permit is not issued within 180 days of the application date.

Unless otherwise extended by the building official, **permits issued as a result of this application become null and void** if work or construction authorized is not commenced within 180 days of issuance or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced.

Permits are subject to an annual permit renewal fee and **shall expire if the fee is not submitted by the permit's anniversary date**.

**REQUIRED ACCESS FOR INSPECTIONS NOTICE:**

Issuance of this building permit automatically conveys to CD&P, 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 of the permit, until such time as the project is complete AND the final inspection is approved.

**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).

**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 that all provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. 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.

_____ _____

**Signature of Applicant (Owner or Authorized Agent)** **Date** **Legibly Printed Name of Applicant**

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# BUILDING PERMIT APPLICATION

## PROJECT SCOPE OF WORK

**PROPERTY INFORMATION**

| | | |
|---|---|---|
| **Tax Parcel Number** | | **Owner:** |

Please provide, in detail, your proposed scope of work; to include:

1) Detail of floors and intended use of each room
2) Whether it is new construction, remodel or addition, or a combination thereof. Include a breakdown of each, along with square footage of each floor.

**RESIDENTIAL: Describe each area that is being built, remodeled, converted, or added to an existing structure**.
Example: "*first floor of SFR to remain the same, 600 sq. ft. garage to be converted to family room, 2nd floor of SFR to be remodeled"* (describe mechanical, plumbing, insulation and wallboard installation or changes, ect.) and detail square footages and their intended uses.

**COMMERICAL**: **Same as residential, but also Include square footage of each use, for each floor:**
Example: "*first floor = 500 sq. ft office + 1000 sq. ft retail = 1500 sq*."
"*second floor = 500 sq ft. office + 1000 sq ft. storage = 1500 sq ft*."

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# DEM0 APPLICATION

## PROPERTY INFORMATION

| Tax Parcel Number | | Shoreline: ☐ YES ☐ NO (IF YES, ANSWER SHORELINE EXEMPTION QUESTIONS ON REVERSE) |
|---|---|---|

**Island:** _____ **Project Street Address (if assigned):** _____

**Description of Project/Work:** _____

## APPLICANT INFORMATION

| | | | |
|---|---|---|---|
| **Name of Owner(s):** | | **Email:** | |
| **Mailing Address:** | | **Phone:** | |
| **City:** | | **State:** | **Zip:** |

## CONTACT/AGENT INFORMATION (THIS IS THE PERSON TO BE CONTACTED ABOUT MATTERS PERTAINING TO THIS PERMIT APPLICATION)

| | | | |
|---|---|---|---|
| **Name of Contact/Agent:** | | **Email:** | |
| **Mailing Address:** | | **Phone:** | |
| **City:** | | **State:** | **Zip:** |

## CONTRACTOR INFORMATION ☐ OWNER CONTRACTOR (MUST SIGN DECLARATION ON REVERSE SIDE OF APPLICATION)

| | | | | |
|---|---|---|---|---|
| **Name of Contractor:** | | **Email:** | | |
| **Mailing Address:** | | **Phone:** | | |
| **City:** | **State:** | **Zip:** | **License #** | |

****DEMO FEE: $105.00 PLUS $4.50 STATE SURCHARGE** **TOTAL:** ☐

**SHORELINE EXEMPTION:** **Shoreline Parcels – only applies if proposed construction is within an area subject to the requirements of the Shoreline Master Program**

| Yes | No | |
|---|---|---|
| ☐ | ☐ | Is the property owned by a corporation? |
| ☐ | ☐ | Is the building permit application in a corporate name? |
| ☐ | ☐ | Is the proposed residence to be sold? Is the proposed residence to be rented? |
| ☐ | ☐ | Will the land disturbing activities (grading, excavation, fill, etc.) exceed 7000 square feet? |
| ☐ | ☐ | Do you own a single family residence on any other waterfront parcel in San Juan County? |

**STOP:** ***If you answered yes to any of these questions, contact CD&P for a Shoreline Permit Application.***

**Owner/Contractor sign here**

## OWNER/CONTRACTOR DECLARATION* (Check box if applicable) ☐

I am the (an) owner of this property and intend to perform the work covered by this 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 any assistance on 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. **I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.**

***Signature of Owner:***

**LENDER INFORMATION NOTICE:**

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| Name of Lender (or contractor if applicable) | COMPLETE ADDRESS | PHONE NUMBER |
|---|---|---|

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**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).

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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 that all provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. 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.

**Signature of Applicant (Owner or Authorized Agent)** **Date** **Legibly Printed Name of Applicant**

Health & Community Services

San Juan County

P.O. Box 607 ◆ 145 Rhone, Friday Harbor, WA 98250
Phone: (360) 378-4474 Fax: (360) 378-7036

# *Certificate of Water Availability Application Instructions*

Revised 11/2016

Applications for a Certificate of Water Availability will be reviewed by San Juan County Health and Community Services to determine if the proposed water supply is adequate based on the requirements listed below. Complete the Certificate of Water Availability form, attach the required information, and return to San Juan County Health and Community Services along with the application fee. The current fee can be found on our website.

**8.06.140 Certificate of Water Availability - Building Permits**

A. Applicants for building permits for construction of new structures that contain plumbing fixtures dependent on potable water for their operation must obtain a certificate of water availability. Applications for "After the Fact" building permits shall be treated as a "new structure" for the purpose of requiring a certificate of water availability.

B. Applicants for a building permit to remodel or expand an existing structure shall obtain a certificate of water availability when any of the following conditions exist:

1. When the remodel/addition results in a change of use from a residence to a commercial structure or conversion of an accessory structure to a residential use.

2. When the remodel/addition results in the creation of an accessory dwelling unit.

***A. Individual Well:*** *A legally constructed well with a minimum capacity of 200 gallons per day, meeting San Juan County drinking water standards. The following documentation is required:*

☐ **Water Well Report** (Well Log).

☐ **Documentation that the well produces a minimum of 200 gallons per day**. Well log or a 4-hour pump test by a licensed professional.

☐ **Inorganic chemical analysis:** The water must be analyzed for ***arsenic, barium, fluoride, nitrate, sodium, chloride, and conductivity*** by a state-accredited lab. Submit copy of lab report.

☐ **Bacteriological test:** Attach lab report for a sample obtained within last 6 months.

☐ **Site plan:** Attach site plan showing distances, in feet, from the well to property lines, easements, existing and proposed buildings, roads, septic systems, sewer lines, marine and fresh water, and include adjacent property within one hundred feet of the well.

☐ **Well Site Inspection Report:** Attach copy of Well Site Inspection Report. *Required for wells drilled after October 1996.*

☐ **Water Meter:** Initial application certifying that water meter has been installed. *Required for wells drilled after July 2007.*

## B. Community Water Systems:

A community water system serves three or more residences on separate parcels or serves the public. Applicants proposing to connect to a community water supply must **obtain the purveyor's signature.** The water system purveyor (as listed on the current operating permit or water facilities inventory form) must complete and sign the section pertaining to community water systems on the back side of the *Certificate of Water Availability*.

Community systems must be in compliance with current state and county regulations and have capacity for a new connection. Certificates of Water Availability will not be issued on systems that are out of compliance.

## C. Individual Alternative Water Source:

San Juan County recognizes several alternative water sources that individuals can utilize to demonstrate an adequate water supply for single-family residential use. Each of these systems requires specific design information be submitted and approved. ***Requirements for alternative systems are available online (see below).*** All alternative water sources must record a declaration of covenant with the Auditor's office that indicates the water source is alternative and list all operation and maintenance requirements. Alternative water sources include: rainwater catchment; hauled water storage; desalination of seawater; arsenic, barium and/or fluoride treatment; and, an individual well producing less than 200 gallons per day

## D. Seawater Intrusion Protection:

Individual wells located on properties less than 5 acres and meeting two or more of the risk assessment parameters listed below, must submit a surveyed wellhead elevation performed by a licensed surveyor, in addition to the above application requirements. This information will be reviewed to determine if a hydrogeologic report and/or mitigation is required.

**Risk Assessment Criteria**

| Location criteria | Groundwater Criteria |
|---|---|
| 1. Within 1000 feet of the shoreline, or<br>2. Within 1000 feet of wells with chloride levels greater than 160 ppm, or<br>3. Within 1000 feet of wells with changes in chloride levels greater than 20 ppm | 1. Wells completed in unconsolidated material: water level elevations less than 8 feet above sea level (based on NAVD 88), or<br>2. Wells completed in bedrock: pumping water level below sea level, or<br>3. Well tests 100 ppm or greater for chloride; or changes in chloride levels greater than 20 ppm, or<br>4. Well chemical analysis confirms chloride from sea water intrusion |

**E. Special Requirements:**

1. All commercial structures providing water to the public and/or employees must be served by an approved public water system.
2. All Accessory Dwelling Units (ADU) must utilize the same water supply as the main residence per San Juan County Code 18-40-240 F 3.

*Note: See **sanjuanco.com** for Polaris mapping application and Health Department Drinking Water Program documents, including approved Certificates of Water Availability and information on alternative water sources.*

Health & Community Services

San Juan County

P.O. Box 607 ◆ 145 Rhone, Friday Harbor, WA 98250
Phone: (360) 378-4474 Fax: (360) 378-7036

# CERTIFICATE OF WATER AVAILABILITY

Certificate Number: _____ _____

- **Certificates of Water Availability are issued for building permits where water availability must be determined and are valid only for the related building project. Approval is valid for one year from the date issued.**
- **Incomplete applications will be held for 90 days after review and request for additional information. After 90 days a new application will be required.**
- **Complete this application and submit to Health & Community Services with the application fee.**

## PROPERTY INFORMATION:

Tax Parcel Number: _____ Property Size (acres): _____

Island: _____ Subdivision: _____ Lot Number: _____

Location Address _____ Zip Code: _____

## APPLICANT INFORMATION:

Name of Applicant(s): _____

Telephone: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

**Building Permit is for:** ☐ New Residence ☐ ADU - Attached ☐ ADU - Detached

☐ Commercial Structure: _____

☐ Other New Structure: _____

**Water Source:** ☐ Community Water ☐ Individual Well ☐ Alternative: _____

_____ I hereby certify that a **water meter** has been installed (required for individual wells drilled after July 2007)

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this project will be complied with whether specified herein or not. I understand that granting this approval does not presume to give authority to violate or cancel provisions of any other state or local laws.

_____ _____ _____ _____

Signature of Applicant Date Signature of Designer/Agent Date

**Rev. Code Health-Water 0001.55.321.20.52.1000**

Applicant: _____

Parcel Number: _____

Certificate Number: _____ _____

**Community Water System:**

This section is to be completed by the water system purveyor.

The _____ community water system is currently approved for _____ connections and is serving _____ connections. This system will supply parcel # _____ with _____ connection(s). This approval is for the purpose of issuing a building permit only and does not supersede requirements of the community water system. This approval is for (check all that apply):

☐ New Residence ☐ ADU - Attached ☐ ADU - Detached
☐ Commercial Structure
☐ Other New Structure with plumbing

Purveyor's Name: _____ System _____

Purveyor Title: _____ Phone #: _____

Mailing Address: _____ Email: _____

Purveyor Signature: _____ Date: _____

---

*FOR OFFICIAL USE ONLY*

Health Department comments: _____

_____

☐ Water Supply is adequate ☐ Water Supply is inadequate

_____ _____

Signature of Health Official Date

Public Works Department
San Juan County
P. O. Box 729, Friday Harbor, WA 98250
(360) 370-0050, FAX (360) 378-6405
www.sanjuanco.com/publicworks

| Public Works Use Only | |
|---|---|
| Permit No: | |
| Date Rec'd: | |
| Permit Fee: $ | |
| Road No: | MP: |

# Right of Way Permit Application

| Where is the work proposed? | ☐ Public R/W | ☐ Private R/W |
|---|---|---|
| Owner of Work: | Tax Parcel Number: | |
| Project Location: | | Island: |

| Who should we contact regarding this application? | | |
|---|---|---|
| ☐ Owner | Name: | Cell Phone: |
| ☐ Contractor | email: | Home Phone: |
| ☐ Authorized Agent/Other | Address: | |

| What type of work is proposed? | ☒ Driveway | ☐ Utility | ☐ Other |
|---|---|---|---|
| If you are doing work in the right-of-way in addition to verifying or cutting in a driveway, please attach a description of the work. | | | |

*I hereby certify that I have read and examined this permit application and know the same to be true and correct. By signing this application you agree that Public Works staff may enter the premises for the purpose of permit inspection.*

| Signature of Owner of Work | Date | Requested Start Date | Anticipated End Date |
|---|---|---|---|
| | | | |

| San Juan County Staff Use Only | | | |
|---|---|---|---|
| 1 | Critical Area Review By: | Comments | Approved Date: |
| | | | |
| | ☐ Fee Paid $_____ Receipt # _____ ☐ Additional Fee Due $_____ | | |
| 2 | Permit Approved By: | Approved Date: | Expiration Date: |
| | | | |
| | ☐ Wet Weather Moratorium | ☐ Approved Construction Plans Attached, Number of Pages: | |
| 3 | 48 Hour Notice From: | Received Date: | Start Date: |
| | | | |
| | ☐ Owner Builder Work | ☐ Public Works Approved Contractor Name: | |
| 4 | Final Inspection Request from: | Request Date: | Permit Closed Date: |
| | | | |

| Fee Schedule (By San Juan County Ordinance 46-2009) | | |
|---|---|---|
| **Right of Way Access (Permanent)** | $100 Each | |
| **Right of Way Use (Temporary)** | $50 Each | |
| **Utility Installation (New)** | $300 Each | |
| **Utility Repair (Existing)** | $150 Each | |
| **Utility Parallel Trench** | $0.25 Linear Foot | |
| **After the Fact Permit Application** | Fee Doubles | |
| | **Total Fee Due** | |

**Additional Information for Applicants:**
San Juan County Code
*Chapter 12.04 County Road Excavations*
*Chapter 12.16 Article II*
*Chapter 13.08 Fire Hydrants*
*Chapter 18.60.090 Roads – Public Roads*
San Juan County Comprehensive Plan
*Section B, Element 8 Utilities*
*Appendix 8 Utilities Inventory*
Revised Code of Washington
*Title 36, Chapter 75 Roads and Bridges*

## Instructions for Applicants

1. Work in the County road Right of Way requires a permit issued by the County Engineer.
2. Permit applications must be signed by the ***Owner of Work***, being either the property owner or the franchise owner.
3. Permit applications should be received a minimum of 30 days prior to commencing work.
4. After the Fact Permit Application fees may be waived for emergency work.
5. Permit applications must be accompanied with construction plans showing the work in sufficient detail.
6. Location and limits of work in the County road Right of Way must be flagged onsite for inspection by Public Works.
7. Permit applications will be accepted without fees but all fees must be paid prior to issuance.
8. Permits may be issued with a ***Wet Weather Moratorium*** depending on site specific conditions during the rainy season (usually October – April). No work is allowed until the County Engineer determines conditions are acceptable.
9. Unless performed directly by the property, all work in the County road Right of Way must be by a general contractor approved by Public Works (RCW 18.27 & SJC §12.04.040).
10. A current roster of public works approved general contractors and standard plans showing details for work in the County road Right of Way are online at: https://sanjuanco.com/publicworks/permitforms.aspx

## General Permit Conditions

1. Notification Requirement: Applicants are required to provide Public Works with 48 hours' notice ***prior*** to commencing permitted work ***and*** after completing permitted work to schedule a final inspection.
2. Washington 811: State law requires you call Washington 811 (dial 811) at least two business days before you dig.
3. Hours of Work: Unless provided for otherwise, all work shall be performed between 7:00 a.m. and 6:00 p.m.
4. Construction Staging: Upon request and explicit approval, the County Engineer may permit staging of materials and equipment within the County road Right of Way. Upon completion the site shall be fully restored and stabilized.
5. Traffic Control: The applicant is required to provide all necessary traffic control in accordance with state law and the Federal Manual on Uniform Traffic Control Devices (MUTCD). Work zone safety is the applicant's responsibility.
6. Scope and Right of Way Verification: This permit is for work performed within the County Right of Way only. It is the responsibility of the applicant to verify the location of the Right of Way. Surveying may be required.
7. Stormwater: BMP's for stormwater runoff and erosion prevention measures shall be employed at all times.
8. Archaeological Sites: Work shall cease and Public Works shall be notified if archaeological objects are encountered.
9. As-built construction plans: A copy of the complete permit with the approved construction plans shall be kept onsite during work and submitted to Public Works, with as-built information, upon final inspection of the work.
10. Revocation: The County Engineer may revoke, annul or terminate a utility installation permit if permittee fails to comply with any or all of its provisions, requirements or regulations as herein set forth on the utility permit form, or through willful or unreasonable neglect fails to heed or comply with notices given them, or if the work described in the permit herein is not installed or operated and maintained in conformity herewith or at all. (SJC §12.16.150)

**Please complete page one of this application and use the chart above to determine the fee. Please submit both pages to Community Development along with required drawings and your payment. Checks can be made payable to SJC DCD. You will be notified of any additional amount due prior to permit issuance.**

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cdp@sanjuanco.com | www.sanjuanco.com

**PERMIT APPLICATION**

# CERTIFICATION OF COMPLIANCE

## Impervious Surface Areas Minimum Requirement #2

The objective of this Minimum Requirement (#2) is to control erosion and prevent sediment and other pollutants from leaving the site during the construction phase of a project. Compliance with this Minimum Requirement is required of all projects, and most projects require a drainage plan to be submitted for approval. Projects that meet the following criteria do not need to submit a drainage plan, provided the applicant completes the Certification of Compliance below:

- Less than 2000 square feet of new, replaced, or any combination of new and replaced impervious surface, and
- Less than 7000 square feet of land-disturbing activity
  - **New Impervious Areas on Site:**
    - Shall ***not*** be required to include all impervious areas in existence since September 1, 1991.
    - Shall include all impervious areas in existence for less than 2 years; unless final site stabilization has been verified.
    - Shall include all impervious areas associated with an active project and shall be considered as part of, and as a revision to, that active project.
  - **Existing Impervious Areas on a Site:**
    - Shall include all existing impervious areas regardless of date of existence.
    - Shall ***not*** include impervious areas that are part of an active project and which are considered New Impervious Areas.
    - Shall ***not*** include impervious areas in existence for less than 2 years and which are considered New Impervious Areas; unless final site stabilization has been verified.
  - **Land Disturbance associated with Project:**
    - All new areas cleared for construction and access.
    - All new Landscaping.

The applicant shall consider and develop controls for the twelve Elements of Minimum Requirement #2 of the WA State Dept. of Ecology's *Stormwater Management Manual for Western Washington* (2005).

## Certification of Compliance

*I, (Print name clearly), certify that my proposed development has less than 2000 square feet of new, replaced, or a combination of new and replaced impervious surface and includes less than 7000 square feet of land-disturbing activity. I hereby commit to comply with Minimum Requirement #2, and shall consider and develop controls for the twelve Elements listed below.*

**TPN:** **PERMIT#:** _____

_____ _____

*Signature* *Date* *Signature* *Date*

| ***LAND USE DISTURBANCE AND IMPERVIOUS SURFACES WORKSHEET*** | **ISSUE DATE:** _____<br>**PERMIT NO.:** _____ |
|---|---|

You are required to identify and list below all land-disturbance & impervious surfaces for your property as follows:

1. New Impervious Areas on Site:
    a. Shall ***not*** be required to include all impervious areas in existence since September 1, 1991.
    b. Shall include all impervious areas in existence for less than 2 years; unless final site stabilization has been verified.
    c. Shall include all impervious areas associated with an active project and shall be considered as part of, and as a revision to, that active project.
2. Existing Impervious Areas on a Site:
    a. Shall include all existing impervious areas regardless of date of existence.
    b. Shall ***not*** include impervious areas that are part of an active project and which are considered New Impervious Areas.
    c. Shall ***not*** include impervious areas in existence for less than 2 years and which are considered New Impervious Areas; unless final site stabilization has been verified.
3. Land Disturbance associated with Project:
    a. All new areas cleared for construction and access.
    b. All new Landscaping.

If your project involves **UNDER** 2,000 sq. ft. of new impervious surface, **and UNDER** 7,000 sq.ft. of total land-disturbing activity, you will only need to sign and comply with 'Minimum Requirement #2'; **no fee is required**.

If **new impervious surface is OVER** 2,000 sq. ft., or **OVER** 7,000 sq.ft. of total land-disturbance, submit a Stormwater Management Plan (2 copies) and a check for **$245.00** made out to **SJC CD&P**.

*SQUARE FOOTAGES OF ALL IMPERVIOUS SURFACES **TO BE FILLED OUT BY APPLICANT/AGENT***

**(A) NEW IMPERVIOUS**

| | |
|---|---|
| Proposed gravel driveway/parking | _____SQFT |
| Roof area of all proposed buildings | _____SQFT |
| Proposed decks, patios, covered porches | _____SQFT |
| Proposed sports surfaces (tennis court, etc) | _____SQFT |
| Area of all existing impervious surfaces created in past two years: | _____SQFT |
| **SUB TOTAL:** | **_____SQFT** |

**(B) IMPERVIOUS ASSOCIATED WITH ACTIVE PROJECT**

| | |
|---|---|
| Area of all OPEN projects, i.e. buildings, driveways, parking areas, decks, patios, sports surfaces, etc. | **_____SQFT** |

**(C) EXISTING IMPERVIOUS**

| | |
|---|---|
| Area of all existing impervious surfaces Older than 2 years | **_____SQFT** |
| **TOTAL NEW IMPERVIOUS SURFACE AREA (A+B)** | **_____SQFT** |
| **TOTAL LAND DISTURBING ACTIVITY**<br>(Include all areas to be cleared associated with proposed project, including landscaping) | **_____SQFT** |
| **TOTAL POST-PROJECT IMPERVIOUS AREA A_____+B_____+C_____=** | **_____SQFT** |

***This worksheet must be completed and submitted with your building permit application.***

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## BUILDING PERMIT APPLICATION

ISSUE DATE: _____
PERMIT NO.: _____

# STORMWATER MANAGEMENT PLAN REVIEW APPLICATION

☐ RESIDENTIAL ☐ COMMERCIAL ☐ PLAT ☐ CLEARING & GRADING

**PROPERTY INFORMATION**

| | |
|---|---|
| **Tax Parcel Number:** | **Land Use Designation:** |

**Island:** _____ **Anticipated date of Construction:** _____

**Project Street Address (if assigned):** _____

**OWNER INFORMATION**

| | | | |
|---|---|---|---|
| **Name of Owner(s):** | | **Email:** | |
| **Mailing Address:** | | **Phone:** | |
| **City:** | | **State:** | **Zip:** |

**CONTACT/AGENT INFORMATION** (THIS IS THE PERSON TO BE CONTACTED ABOUT MATTERS PERTAINING TO THIS PERMIT APPLICATION)

| | | | |
|---|---|---|---|
| **Name of Contact/Agent:** | | **Email:** | |
| **Mailing Address:** | | **Phone:** | |
| **City:** | | **State:** | **Zip:** |

ISSUANCE OF THE PERMIT ASSOCIATED WITH THIS APPLICATION automatically conveys to Community Development & Planning the authority to enter the premises at reasonable hours for the purposes of inspecting the area of the proposed stormwater management system until such time as the project is complete.

**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).

SIGNATURE OF ALL OWNERS OR AUTHORIZED AGENT:

_____ DATE:_____

**FOR OFFICE USE ONLY**

PAYMENT AMOUNT RECEIVED: _____ RECEIVED BY: _____

| DATE | HOURS | COMMENTS |
|---|---|---|
| | | |
| | | |
| | | |

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# PERMIT APPLICATION

ISSUE DATE: _____
PERMIT NO.: _____

## ADDRESS REQUEST / REVIEW FORM

### APPLICANT INFORMATION

| | | | |
|---|---|---|---|
| **Name of Owner(s):** | | **Email:** | |
| **Mailing Address:** | | **Phone:** | |
| **City:** | | **State:** | **Zip:** |

### CONTACT/AGENT INFORMATION (THIS IS THE PERSON TO BE CONTACTED ABOUT MATTERS PERTAINING TO THIS PERMIT APPLICATION)

| | | | |
|---|---|---|---|
| **Name of Contact/Agent:** | | **Email:** | |
| **Mailing Address:** | | **Phone:** | |
| **City:** | | **State:** | **Zip:** |

### PROPERTY INFORMATION

**Tax Parcel Number** _____ **Island:** _____

**Project Street Address (if known):** _____

**If no address, name of the road the driveway is accessed from :**

By signing this application you agree that Public Works personnel may enter the premises for the purpose of mapping the location of the buildings and driveways.

OWNER or AGENT'S SIGNATURE: _____ Date: _____

**FOR OFFICIAL USE ONLY**

Verified address: _____

Newly assigned address: _____

No additional address required. Primary address at this location:

_____

| | | |
|---|---|---|
| ☐ Database | ☐ Edit data | ☐ Post data |
| ☐ Mapped | ☐ Address | ☐ Notice |
| ☐ Add data tool | ☐ Street Address | ☐ CD&P |

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## Geotechnical Report Waiver Request

**APPLICANT INFORMATION**

| | | | |
|---|---|---|---|
| **Name of Owner(s):** | | **Email:** | |
| **Mailing Address:** | | **Phone:** | |
| **City:** | | **State:** | **Zip:** |

**PROPERTY INFORMATION**

| | |
|---|---|
| **Tax Parcel Number** | **Island:** |
| **Project Street Address (if known):** | |
| **If no address, name of the road the driveway is accessed from :** | |

**Property Owner or Agent(s) Statement:** I confirm that this project meets the criteria necessary to waive a geotechnical report that are outlined in DCD's Administrative Determination No. 2014-01. I understand that the permit will be conditioned as indicated on that determination and that the DCD Director may apply additional conditions to a permit or approval decision.

**Waiver Criteria:** The structure, use or activity:

☐ Creates:

i. Less than 2,000 square feet of impervious surface; and
ii. Less than 7,000 square feet of land disturbance (clearing, grading or compaction);

☐ Is in a development area that contains Category II Geologically Hazardous Areas characterized by soils identified in the *USDA Soil Survey of San Juan County, Washington*, as having:

i. A high risk of erosion;
ii. A land capability subclass of "e;" and
iii. Slopes less than 15%;

☐ Does not involve construction of structural shoreline stabilization measures, including seawalls and bulkheads; and

☐ Meets the requirements of SJCC 18.30.120(C)(2)(d) and (f) (See the back of this waiver).

_____ _____

Property owner or authorized agent Date

**For DCD Use:** The project was reviewed. It ☐ meets or ☐ does not meet the geotechnical report waiver criteria.

_____ _____

DCD Staff Date

**18.30.120 Geologically hazardous areas.**

C. Protection Standards.

2. Category II.

d. Development shall be located in accordance with the following:

i. Structures and improvements shall be sited, designed, and constructed to minimize cut and fill and to retain as much of the natural topographic character of the slope as possible; and

ii. Structures and improvements shall be located to avoid the most hazard-prone portion of the proposed development area and to preserve vegetation necessary to prevent soil erosion.

f. To prevent soil erosion and destabilization of slopes, areas that are cleared or graded and that are not covered with structures or other improvements must be protected until replacement plantings are established. Temporary erosion and drainage controls may be required unless permanent restoration and protection are timed to ensure slope stability in the wet season.

**Agent Authorization**

We the undersigned hereby authorize _____ to
*Printed name of agent*

act as our agent, and authorize them to apply for _____
*Type of permit*

_____

For the following parcel(s) of land:

_____
*Parcel numbers*

**Signature of all property owners:**

_____
*Property owner signature*

_____
*Property owner name (printed)*

_____
*Property owner signature*

_____
*Property owner name (printed)*

_____
*Property owner signature*

_____
*Property owner name (printed)*

_____
*Property owner signature*

_____
*Property owner name (printed)*