

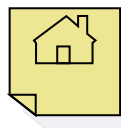


SAN JUAN COUNTY DEPARTMENT OF COMMUNITY DEVELOPMENT

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 CHECKLIST

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!



- **Single Family Residence (SFR)**
- **Moved Structure**
- **Accessory Structure**
- **SFR Remodel**
- **Workshop**
- **Ag Structure**
- **SFR Addition**
- **Garage**
- **Barn**

1. **Completed Permit Application** (Buff) including Scope of Work Statement. An estimated **project valuation** must be entered at the top right of the application. A separate application is required for each structure. Enter quantities for SF and Mechanical & Plumbing equipment (if structure contains either or both).
 - a. Read the Utility Certification on page 2 of the permit application.
 - b. Mark the "SHORELINE" section indicating whether your development is within the shoreline jurisdiction (200' of the Ordinary High Water Mark (OHWM)). **IF YES**, complete the "Shoreline Exemption" section.
 - c. Mechanical & Plumbing information table filled out (if structure contains either or both).
 - d. Contractor information, including business name, address, phone, license number, OR Owner/Contractor checked and declaration signed in upper portion of 2nd page of the application.
 - e. Be sure the applicant or agent signs at the bottom of the application. If using an agent, an owner signature authorizing the agent is required.

2. **Environmental Health Review** – If your project is a new structure with plumbing for potable water, or if you are remodeling or expanding a structure and changing its use from Residential to Commercial, Accessory to Residential, or proposing an addition that results in creation of an ADU, a Water Availability Certificate is required. If your project includes plumbing, a Septic Design will need to be submitted and if you already have a septic system installed, you will need to provide the cover page from the last inspection.

Water Availability applications and Septic Designs must be submitted to Health & Community Services along with the associated fees PRIOR to submitting your permit application to DCD.

A copy of your receipt or a date-stamped cover page from your applications received by HCS must be included with your application if water availability and/or septic design and/or inspection is required.

Mail to: SJC HCS Department
PO Box 607
Friday Harbor, WA 98250

or Hand Deliver to: SJC HCS Department
145 Rhone St
Friday Harbor, WA

- a. **Water Availability** Approved Certificate of Water Availability (attach approved Health Department Water Certificate); OR Water Availability Application, under review by the Health Department (attach a copy of 1st your date-stamped application, or receipt); OR Structure has/requires no potable water. (Any change of use will require water availability review.)
 - b. **Septic Verification** Approved Septic Design; OR public sewer with letter of availability; OR Septic Design Application under review by Health; OR structure is not plumbed; OR no plumbing, additional bedrooms, or commercial kitchen proposed. If the structure contains plumbing, include the 1st page from the most recent septic inspection.
3. **Stormwater Management** (Required for all projects unless application is for an interior remodel)
 - a. **Impervious Surfaces Worksheet** must be completed and submitted – example provided.
 - b. Minimum 2 Requirement Certification, signed by applicant, if plan level is "Simple".
 - c. Stormwater Plan & Application if plan level based on worksheet results is "Small"; OR "Large"
 4. (GIS) **Address Request / Review** form (Required with all applications for E911 verification.)
 5. (PW) **Access / Driveway Permit Application** form (Required with all applications with access to a public road, even if a driveway exists.)
 6. **Energy Form** (Not required for modular homes, internal remodel, or non-conditioned projects.)
 Construction Drawings as follows: (for info on "how to draw a site plan" or information needed on construction drawings, please refer to the website at <http://www.sanjuanco.com/dcd>

(Drawings should be no larger than 24 X 36)

- a. **Complete Site Plan (3 copies – one at 11 X 17 or 8 ½ X 11)**, including all existing & proposed structures – SEE instructions <https://www.sanjuanco.com/DocumentCenter/View/13579>
- b. **Profile Plan** (2 copies)
- c. **Construction Drawings** (2 complete plan sets), compliant with the 2015 IBC or IRC, site and building specific, to standard architectural scale, with title block, North Arrow on ea pg, page _ of _, and sized no larger than 24" X 36" including the following:
 - Site Section
 - Foundation Plan
 - Floor Plan with all rooms labeled
 - Roof Framing Plan, incl. gravity load and headers
 - Engineering/ Civil Drawings (comm. only)
 - Building Section
 - N,S,E,W Elevations
 - Floor Framing Plan (unless manufactured home)
 - Landscape / Parking Plans (commercial only).

For new manufactured homes or commercial coaches, include 1 copy of the floor plan & 1 copy of the installation manual - provide model year _____. **Pre-June 1976 requires L&I Safety Inspection.**

If you have any questions, please call (360) 378-2116, Monday – Friday, 8:00 am – 4:30 pm.

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BUILDING PERMIT CRITICAL NOTICES

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 (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 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, (360) 378-FIRE (3473).



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BUILDING PERMIT APPLICATION

PERMIT NO.: _____

COMMERCIAL
 PLEASE CHECK ALL THAT APPLY AND ENTER PROJECT VALUATION → \$ _____
 ESTIMATED VALUATION

NEW CONSTRUCTION
 REMODEL
 ADDITIONAL SQUARE FTG
 MOVED STRUCTURE
 ACCESSORY
 MODULAR

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 # _____

PROJECT INFORMATION

PERMIT TYPE & SQUARE FOOTAGE	Check All that Apply			QTY	FIXTURES	MECHANICAL EQUIPMENT	QTY	FEE	FOR STAFF
Enter SF for each:	New	Add'n	Remod.	—	Toilet / Urinal / Bidet	Furnace, Boiler, Air Handler, Oil Htr	—	\$20.00	= _____
Commercial Construction	_____	_____	_____	—	Sinks	AC / Heat Pump	—	\$20.00	= _____
Accessory/Residence	_____	_____	_____	—	Shower / Bathtub	Kitchen Hood / Ductwork (residential)	—	\$17.00	= _____
1 st Floor SF	_____	_____	_____	—	Dishwasher	Kitchen Hood / Ductwork (commercial)	—	\$105.00	= _____
2 nd Floor SF	_____	_____	_____	—	Clothes Washer	Exhaust Fans / Ductwork	—	\$ 8.00	= _____
3 rd Floor SF	_____	_____	_____	—	Floor Drain	Clothes Dryer	—	\$12.00	= _____
# of Bedrooms	_____	_____	_____	—	Radiant Floor Piping	Wood, Pellet, or Gas FP/Stove/Insert	—	\$17.00	= _____
Uncovered Porch	_____	_____	_____	—	Water Heater	Chimney / Stove Pipe	—	\$ 8.00	= _____
Uncovered Deck	_____	_____	_____	—	Hose Bib	LPG or Fuel Oil Tank (Gal: _____)	—	\$12.00	= _____
Covered Porch	_____	_____	_____	—	Modular (Under-FI)	Underground Fuel Oil or LPG Piping	—	\$12.00	= _____
Covered Deck	_____	_____	_____	—	Other:	Gas Appliances / Outlets	—	\$12.00	= _____
Sunroom	_____	_____	_____	—		Other: _____	—	\$12.00	= _____
Unfinished Basement	_____	_____	_____	—			—		
Attached Garage/Shop	_____	_____	_____	—	FOR STAFF		—		
Change of Use	_____	_____	_____	—	Total x \$11.00		—		
Other: _____	_____	_____	_____	—	Process fee: \$34.00		—		
Please attach any comments.	_____	_____	_____	—			—		
				—	Plumbing Permit Fee*		—		
				—		Mechanical Permit Fee*	—		

*Minimum fee for stand-alone Plumbing and Mechanical Permits is \$69.00

If Modular, # of Units _____ Water Availability # _____ Total # of Bedrooms: _____
 Disturbed Land Area (sf) _____ Septic Design # _____ RPA or other Permit #: _____

FEE TOTAL FOR MECHANICAL & PLUMBING PERMIT: _____

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

- | | | |
|--------------------------|--------------------------|---|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the property owned by a corporation? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the building permit application in a corporate name? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the proposed residence to be sold? Is the proposed residence to be rented? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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 DCD 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 DCD 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 365 days of issuance or if construction or work is suspended or abandoned for a period of 365 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 DCD, 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.

WHEN YOUR PERMIT IS READY TO ISSUE THE OWNER AND/OR AGENT WILL BE NOTIFIED BY E-MAIL WITH THE FEE AMOUNT DUE



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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.

COMMERCIAL: 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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DEMO PERMIT APPLICATION

PROPERTY INFORMATION

Tax Parcel Number		Shoreline: <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(IF YES, ANSWER SHORELINE EXEMPTION QUESTIONS ON REVERSE)</small>
-------------------	--	---

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 | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Is the property owned by a corporation? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the building permit application in a corporate name? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the proposed residence to be sold? Is the proposed residence to be rented? |
| <input type="checkbox"/> | <input type="checkbox"/> | Will the land disturbing activities (grading, excavation, fill, etc.) exceed 7000 square feet? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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 DCD 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: _____

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Name of Lender (or contractor if applicable)

COMPLETE ADDRESS

PHONE NUMBER

UTILITY NOTIFICATION CERTIFICATION:

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*San Juan County DCD 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.

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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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2015 RESIDENTIAL ENERGY COMPLIANCE PACKET

APPLICANT IS TO COMPLETE PAGES 1-4 - INCOMPLETE ENERGY FORMS WILL NOT BE ACCEPTED

Applicant/Owner Name(s)

Project Location:

Parcel #

Permit #

Staff Use

Heating Fuel Source: Electric Oil Propane (LPG) Other:

Heating System: Forced Air Room heaters Radiant/hydronic Heat pump
 Existing Wood/Pellet stove Other:

This packet is for Prescriptive Energy Code Compliance Only.
Other compliance methods use WSU forms (link provided below).

Carefully review all of the included forms and fill them out completely, unless otherwise exempted. All information showing energy code compliance must clearly be shown on the submitted construction documents. These forms are provided as a compliance tool. They are not a substitute for the actual full text of the energy code. This can be found at <http://www.energy.wsu.edu/code>. The WSU website also has available similar compliance forms in an excel format for completion and would be accepted.

The following is a list of the pages in this packet and a brief description. Please read all forms and complete as required.

- 1) Cover Page. Fill out and sign
- 2) Prescriptive building envelope insulation requirements. Review, provide details on submitted plans.
- 3) **Energy Credit Options:** select option for compliance with Ch. 4 credit requirement and provide necessary construction details on submitted plans
- 4) Heat sizing compliance page. Select the box that applies to your project and provide (if required) the necessary additional heat sizing calculations and documentation.

By signing below, you are acknowledging that:

- 1) You have read and completed the attached forms to demonstrate compliance with the current Washington State Energy Codes & Ventilation and Indoor Air Quality provisions of the IRC.
- 2) You are complying with the WSEC using prescriptive methods as provided in the code.
- 3) You have included all necessary details demonstrating compliance with these codes on your submitted construction drawings.
- 4) These forms are provided as a compliance tool but do not represent all the intricacies of the codes.
- 5) You are aware that a complete copy of the energy code is available at www.energy.wsu/code
- 6) You are aware that the 2015 International Residential Code contains requirements and provisions for insulation and ventilation and copies of the Washington St. Amendments to this code are available at <https://fortress.wa.gov/ga/apps/sbcc/Default.aspx>
- 7) San Juan County is not responsible for any errors or omissions on these forms.
- 8) All elements of construction are subject to field inspection and correction.

Signature _____

(Owner or other authorized agent – signature required.)

Date _____

2015 WSEC **PRESCRIPTIVE ENERGY CODE COMPLIANCE** FOR SINGLE FAMILY RESIDENCES IN SAN JUAN COUNTY

The insulation values and construction details are required to be shown on the submitted construction drawings.

TABLE 402.1.1 PRESCRIPTIVE INSULATION REQUIREMENTS^a

Building Insulation Component	U- Factor Windows and glass doors	U-Factor Skylights	Glazed Fenestration SHGC ^b	Ceiling ^j	Wall ^{k, l} above grade	Wall-int ^k below grade Wall-ext ^c below grade	Floor	Slab ^d on grade
U-Value or R-Value	U= 0.30	U= 0.50	NR	R-49	R-21 Int.	10/15/21 int +TB R-10	R-30	R-10 (2ft. perimeter)

FOOTNOTES: (Footnotes e, g, h, and i have been omitted. For complete text refer to WSEC complete text.)

- a. R-values are minimums. U-factors and SHGC are maximums. When insulation is installed in a cavity which is less than the label or design thickness of the insulation, the compressed R-value of the insulation from Appendix Table A101.4 shall not be less than the R-value specified in the table.
- b. The fenestration U factor column excludes skylights. The SHGC column applies to all glazed fenestration.
- c. "10/15/21.+TB" means R-10 continuous insulation on the exterior of the wall, or R-15 on the continuous insulation on the interior of the wall, or R-21 cavity insulation plus a thermal break between the slab and the basement wall at the interior of the basement wall. "10/15/21.+TB" shall be permitted to be met with R-13 cavity insulation on the interior of the basement wall plus R-5 continuous insulation on the interior or exterior of the wall. "10/13" means R-10 continuous insulation on the interior or exterior of the home or R-13 cavity insulation at the interior of the basement wall. "TB" means thermal break between floor slab and basement wall.
- d. R-10 continuous insulation is required under heated slab on grade floors. See R402.2.9.1.
- f. Basement wall insulation is not required in warm-humid locations as defined by Figure R301.1 and Table R301.1.
- j. For single rafter- or joist-vaulted ceilings, the insulation may be reduced to R-38
- k. Int. (intermediate framing) denotes standard framing 16 inches on center with headers insulated with a minimum of R-10 insulation
- l. Log and solid timber walls with a minimum average thickness of 3.5" are exempt from this insulation requirement.

Each dwelling in 1 & 2 family dwellings and townhouses as defined in Section 101.2 of the IRC shall comply with sufficient options from Table R406.2 (provided on next page) so as to achieve the following minimum number of credits. Indicate which option applies and list the option that will be used for compliance

	Small Additions: 0.5 credits Additions less than 500 square feet.
	Small Dwelling Unit: 1.5 credits Dwelling units less than 1500 square feet in conditioned floor area with less than 300 square feet of fenestration area. Additions to existing building that are greater than 500 square feet of heated floor area but less than 1500 square feet.
	Medium Dwelling Unit: 3.5 credits All dwelling units that are not included in #1 or #3.
	Large Dwelling Unit: 4.5 credits Dwelling units exceeding 5000 square feet of conditioned floor area.
	List credit(s) used from table R406.2 (found on next page):

Table 406.2 Energy Credits

Cr.	Option	DESCRIPTION OF CREDIT <i>(Supporting details must be on construction drawings.)</i>
+0.5	<input type="checkbox"/> 1A	EFFICIENT BUILDING ENVELOPE 1a: Prescriptive compliance using Table R402.1.1 with the following modifications: Glazing U = 0.28; Floor R-38; Slab on grade & below grade slab R-10 perimeter & under entire slab
+1.0	<input type="checkbox"/> 1B	EFFICIENT BUILDING ENVELOPE 1b: Prescriptive compliance using Table R402.1.1 with the following modifications: Glazing U = 0.25; Wall R-21 plus R-4; Floor R-38; Basement wall R-21 int. plus R-5 ci; SOG & below grade slab =R-10 perimeter and under entire slab
+2.0	<input type="checkbox"/> 1C	EFFICIENT BUILDING ENVELOPE 1c: Prescriptive compliance using Table R402.1.1 with the following modifications: Glazing U = 0.22; Ceiling and single-rafter or joist-vaulted R-49 advanced; Wall R-21 int. plus R-12 ci; Floor R-38; Basement wall R-21 int plus R-12 ci; SOG & below grade slab =R-10 perimeter and under entire slab
+0.5	<input type="checkbox"/> 1D	EFFICIENT BUILDING ENVELOPE 1d: Prescriptive compliance is based on Table 402.1.1 with the following modifications: Vertical fenestration U =0.24. Projects using this option cannot use Option 1A, 1B, or 1C.
+0.5	<input type="checkbox"/> 2A	AIR LEAKAGE CONTROL AND EFFICIENT VENTILATION 2a: Compliance based on R402.4.1.2: Reduce the tested air leakage to 3.0 ACPH max and all whole house ventilation requirements per M1507.3 of the IRC shall be met with a HE fan (max 0.35 watts/cfm), not interlocked with the furnace fan. Ventilation systems using a furnace including an ECM motor are allowed, provided that they are controlled to operate at low speed in ventilation only mode. To qualify for this credit the permit drawings shall specify the option selected and the maximum tested leakage and show the qualifying ventilation system.
+1.0	<input type="checkbox"/> 2B	AIR LEAKAGE CONTROL AND EFFICIENT VENTILATION 2b: Compliance based on Section R402.4.1.2: Reduce the tested air leakage to 2.0 ACHP max and all whole house ventilation requirements as determined by M1507.3 of the IRC shall be met with HRV system with minimum sensible heat recovery efficiency of 0.70. To qualify for this credit the permit drawings shall specify the option selected and the maximum tested leakage and show the qualifying HRV system.
+1.5	<input type="checkbox"/> 2C	AIR LEAKAGE CONTROL AND EFFICIENT VENTILATION 2c: Compliance based on Section R402.4.1.2: Reduce the tested air leakage to 1.5 ACHP max and All whole house ventilation requirements as determined by M1507.3 of the IRC shall be met with a HRV system with minimum sensible heat recovery efficiency of 0.85. To qualify for this credit the permit drawings shall specify the option selected and the maximum tested leakage and show the qualifying HRV system.
+1.0	<input type="checkbox"/> 3A	HIGH EFFICIENCY HVAC EQUIPMENT 3a: Gas, propane or oil-fired furnace with minimum AFUE of 94% or Gas, propane or oil-fired boiler with minimum AFUE of 92%. To qualify for this credit the permit drawings shall specify the option selected, the heating equipment type and minimum equipment efficiency.
+1.0	<input type="checkbox"/> 3B	HIGH EFFICIENCY HVAC EQUIPMENT 3b: Air-source heat pump with minimum HSPF of 9.0. To qualify for this credit the permit drawings shall specify the option selected, the heating equipment type and minimum equipment efficiency.
+1.5	<input type="checkbox"/> 3C	HIGH EFFICIENCY HVAC EQUIPMENT 3c: Closed-loop ground source heat pump; with a minimum COP of 3.3 or Open loop water source heat pump with a maximum pumping hydraulic head of 150 feet and minimum COP of 3.6. To qualify for this credit the permit drawings shall specify the option selected, the heating equipment type and minimum equipment efficiency.
+1.0	<input type="checkbox"/> 3D	HIGH EFFICIENCY HVAC EQUIPMENT 3d: DUCTLESS SPLIT SYSTEM HEAT PUMPS, ZONAL CONTROL: In homes where the primary space heating system is zonal electric heating, a ductless heat pump system shall be installed and provide heating to the largest zone of the housing unit. To qualify for this credit the permit drawings shall specify the option selected, the heating equipment type and minimum equipment efficiency.
+1.0	<input type="checkbox"/> 4	HIGH EFFICIENCY HVAC DISTRIBUTION SYSTEM 4^a: All heating & cooling system components installed inside the conditioned space. This includes all equipment and distribution system components such as forced air ducts and hydronic piping. All combustion equipment shall be direct vent or sealed combustion. Locating system components in conditioned crawl spaces not permitted with this option. Electric resistance heat not permitted with this option. Direct combustion heating equipment w/ AFUE less than 80% is not permitted under this option. To qualify for this credit the permit drawings shall specify the option selected, the heating equipment type and show location of the equipment and all duct work.
+0.5	<input type="checkbox"/> 5A	EFFICIENT WATER HEATING 5a: All showerhead and kitchen sink faucets installed in the house shall be rated at 1.75 GPM or less. All other lavatory faucets shall be rated at 1.0 GPM or less ^b . To qualify to claim this credit, the building permit drawings shall specify the option being selected and shall specify the maximum flow rates for all showerheads, kitchen sink faucets, and other lavatory faucets.

+1.0	<input type="checkbox"/> 5B	EFFICIENT WATER HEATING 5b: H2O heating system shall include one of the following: Gas, propane or oil water heater with a minimum EF of 0.74 <u>or</u> water heater heated by a ground source heat pump meeting the requirements of Option 3C, <u>or</u> for R-2, a central heat pump water heater with an EF greater than 2.0 that would supply DHW to all units through a central water loop insulated with R-8 minimum pipe insulation. To qualify for this credit the permit drawings shall specify the option selected, the equipment type and minimum efficiency.
+1.5	<input type="checkbox"/> 5C	EFFICIENT WATER HEATING 5c: Water heating system shall include one of the following: Gas, propane or oil water heater with a minimum EF of 0.91 <u>or</u> solar water heating supplementing a minimum standard water heater. Solar water heating will provide a rated minimum savings of 85 therms or 2000 kWh based on the (SRCC) Annual Performance of OG-300 Certified Solar Water Heating Systems <u>or</u> electric heat pump water heater with a minimum EF of 2.0 and meeting the standards of NEEA's Northern Climate Specifications for Heat Pump Water Heaters. To qualify for this credit the permit drawings shall specify the option selected, the equipment type and minimum efficiency, and for solar systems, the calculation of the minimum energy savings.
+0.5	<input type="checkbox"/> 5D	EFFICIENT WATER HEATING 5d: A drain water heat recovery unit(s) shall be installed which captures wastewater heat from all showers, and has a minimum efficiency of 40% if installed for equal flow or a minimum efficiency of 52% if installed for unequal flow. Such units shall be rated in accordance with CSA B55.1 and be so labeled. To qualify for this credit, the permit drawings shall include a plumbing diagram that specified the drain water heat recovery units and the plumbing layout needed to install it and labels or other documentation shall be provided that demonstrates that the unit complies with the standard.
+0.5	<input type="checkbox"/> 6	RENEWABLE ELECTRIC ENERGY 6: See text of WSEC For complete details on this credit.

FOOTNOTES:

- 1) **Interior Duct Placement.** Ducts included as Option 4 of Table R406.2 shall be placed wholly within the heated envelope of the housing unit. The placement shall be inspected and certified to receive the credits associated with this option. **Exception:** Ducts complying with this section may have a maximum of 10 linear feet of return ducts and 5 linear feet of supply ducts located outside conditioned space. Ducts located outside conditioned space must have transverse and longitudinal joints sealed with mastic. If flex ducts are used, they cannot contain splices. Flex duct connections must be made with nylon straps and installed using plastic strapping as a tensioning tool. Ducts located outside the conditioned space must be insulated to a minimum of R-8.
- 2) **Space heating options.** Projects may only include credit from one space heating option 3A, 3B, 3C or 3D. When a housing unit has two pieces of equipment (i.e two furnaces) both must meet the standard to receive the credit.
- 3) **Plumbing Fixtures Flow Ratings:** Low flow plumbing fixtures (water closets and urinals) and fittings (faucets and showerheads) shall comply with the following:
 - a) Residential bath lavatory sinks faucets: Max. flow rate 1.0 gal/min (tested in accordance with ASME 112.18.1/CSA B125.1)
 - b) Residential kitchen faucets: Max. flow rate 1.75 gal/min (tested in accordance with ASME 112.18.1/CSA B125.1)
 - c) **Residential shower heads: Max. flow rate 1.75 gal/min (tested in accordance with ASME 112.18.1/CSA B125.1)**

HEAT SIZING REQUIREMENTS	
PLEASE READ AND CHECK THE APPLICABLE BOX	
<input type="checkbox"/> A	This project uses a <u>forced air or radiant (hydronic) heating and/or cooling system</u> and shall be sized using ACCA Manual S based on building loads calculated in accordance with ACCA Manual J or other approved heating and cooling calculation methodologies. Calculations and results have been provided as an attachment to this form. Details on the equipment used shall be included on the construction drawings.
<input type="checkbox"/> B	This project is heated with one of the following: <u>Propane fireplace, wood or pellet fireplace, individual room electric baseboard heaters, oil heaters, or ductless mini-split heat systems</u> , or combination thereof, and does not use any equipment listed in item "A" (above). <u>A heat sizing calculation is not required.</u>
ADDITIONAL ENERGY CODE COMPLIANCE INFORMATION	
<ol style="list-style-type: none"> 1) A blower door test complying with WSEC R402.4.1.2 is required for all new construction. 2) High Efficacy lighting: A minimum of 75% of all bulbs used in lighting fixtures shall be high-efficacy lamps in accordance with the WSEC. R404.1 	



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

San Juan County Health & Community Services reviews applications for Certificates of Water Availability 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 fee of \$150.00, and submit it to:

Mail to: SJC HCS Department
PO Box 607
Friday Harbor, WA 98250

or Hand Deliver to: SJC HCS Department
145 Rhone St
Friday Harbor, WA

If submitting for a building permit, please provide a date-stamped copy of the Water Availability application page or a receipt of submittal from Health with your building permit application.

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

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

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

Applicant/Owner Name(s)

Parcel #

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

SAN JUAN COUNTY DEPARTMENT OF COMMUNITY DEVELOPMENT



35 Rhone Street, PO Box 947, Friday Harbor,
WA 98250
(360) 378-2354 | (360) 378-2116
dcd@sanjuanco.com | www.sanjuanco.com

Staff Use Only	
Permit No:	
Date Rec'd:	
Permit Fee: \$	
Road No:	MP:

Right of Way Permit Application

Where is the work proposed?		<input type="checkbox"/> Public R/W	<input type="checkbox"/> Private R/W
Owner of Work:	Tax Parcel Number:		
Project Location:	Island:		

Who should we contact regarding this application?			
<input type="checkbox"/> Owner of Work	Name:	Cell Phone:	
<input type="checkbox"/> Contractor	email:	Home Phone:	
<input type="checkbox"/> Other (Authorized Agent)	Address:		

What type of work is proposed?	
<input type="checkbox"/> Driveway	Describe: <i>(attach construction plans)</i>
<input type="checkbox"/> Utility	
<input type="checkbox"/> Other	

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	Requested Start Date	Anticipated End Date
Date	Date	Date

San Juan County Staff Use Only			
1	Critical Area Review By:	Comments	Approved Date:
	<input type="checkbox"/> Fee Paid \$ _____	Receipt # _____	<input type="checkbox"/> Additional Fee Due \$ _____
2	Permit Approved By:	Approved Date:	Expiration Date:
	<input type="checkbox"/> Wet Weather Moratorium <input type="checkbox"/> Approved Construction Plans Attached, Number of Pages:		
3	48 Hour Notice From:	Received Date:	Start Date:
	<input type="checkbox"/> Owner Builder Work <input type="checkbox"/> 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.



STORMWATER

CERTIFICATION OF COMPLIANCE

Impervious Surface Areas for Minimum Requirement #2 - Simple Projects

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 for more than 2 years.
 - Shall include all impervious areas in existence for less than 2 years.
 - 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 in existence for more than 2 years that are not a part of an active project.
 - Shall not include impervious areas that are part of an active project and which are considered New Impervious Areas.
 - **Land Disturbance associated with Project:** (clearing, grading, excavation or fill) associated with Project:
 - All new areas cleared for septic systems, 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, _____, 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.

Applicant/Owner Name(s) Parcel #

Signature Date Signature Date

LAND USE DISTURBANCE AND IMPERVIOUS SURFACES WORKSHEET

You are required to identify and list below all land-disturbance & impervious surfaces (**a hard surface area that prevents or retards the entry of water into the soil such as rooftops, walkways, patios, driveways, parking lots, concrete, asphalt, gravel and packed earthen materials**) for your property as follows:

1. **New Impervious Areas on Site:**
 - a. Shall not be required to include all impervious areas in existence for more than 2 years.
 - b. Shall include all impervious areas in existence for less than 2 years.
 - 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. **Replaced Impervious Areas on a Site:**
 - a. Shall include removal of an impervious surface and replacement with a new impervious surface in the same location.
 - b. Shall include removal of an impervious surface in one location and construction of a new impervious surface in another location.
3. **Existing Impervious Areas on a Site:**
 - a. Shall include all existing impervious areas in existence for more than 2 years that are not a part of an active project.
 - b. Shall not include impervious areas that are part of an active project and which are considered New Impervious Areas.
4. **Land Disturbance** (clearing, grading, excavation or fill) associated with Project:
 - a. All new areas cleared for septic systems, construction, and access.
 - b. All new Landscaping.
5. **Redevelopment projects** are projects with 35% or more existing impervious surface. All other projects are considered to be new development projects. **Check here if this is a redevelopment project.**

All **NEW** and **REDEVELOPMENT** projects with **new and replaced impervious under 2,000 sf and under 7,000 sf of total land disturbing activity**, sign Minimum Requirement #2 certification only and there is no stormwater permit fee.

FOR NEW DEVELOPMENT:

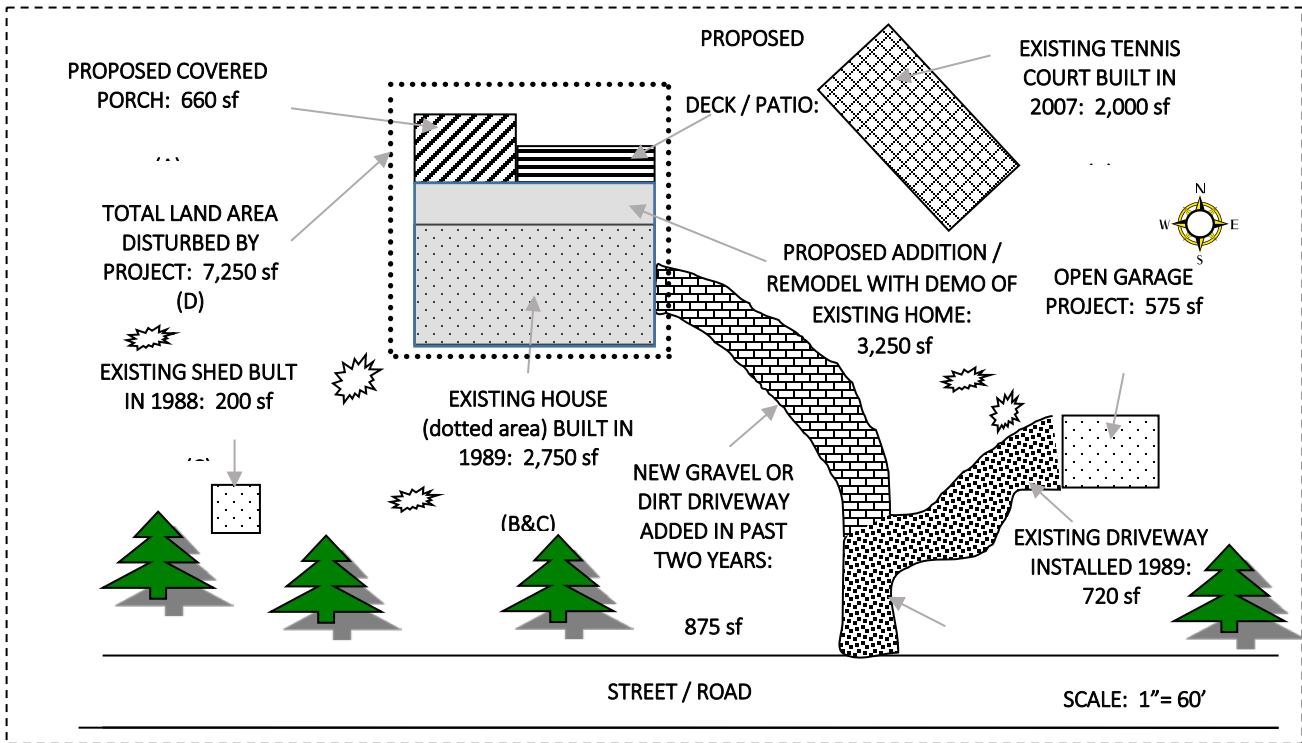
1. Minimum Requirements #1 - #5 (SMALL PROJECT) apply if:
 - A > 2,000 sf,
 - A – B > 2,000 sf,
 - B > 2,000 sf, or
 - Land disturbing activity > 7,000 sf.
2. Minimum Requirements #1 - #10 (LARGE PROJECT) apply if:
 - A – B > 5,000 sf,
 - ¾ acre of native converted to lawn/landscaped, or
 - 2.5 acre of native converted to pasture.

FOR RE-DEVELOPMENT:

1. Minimum Requirements #1 - #5 (SMALL PROJECT) apply if:
 - A > 2,000 sf,
 - A – B > 2,000 sf,
 - B > 2,000 sf, or
 - Land disturbing activity > 7,000 sf.
2. Minimum Requirements #1 - #10 (LARGE PROJECT) apply if:
 - A – B > 5,000 sf,
 - ¾ acre of native converted to lawn/landscaped,
 - 2.5 acre of native converted to pasture, or
 - A > 5,000 sf and the value of the improvements exceed 50% of the assessed value (or replacement value) of the existing site improvements.

COMPLETE ALL SQUARE FOOTAGES	TOTALS
(A) PROJECT IMPERVIOUS AREA – PROPOSED IMPROVEMENTS	SQUARE FEET
Proposed gravel driveway/parking	
Roof area of all proposed buildings	
Proposed decks, patios, covered porches, sports surfaces, etc.	
Area of all impervious surfaces created under an OPEN PERMIT/S	
Area of all impervious surfaces created within the PAST two years	
SUBTOTAL:	(A)
(B) REPLACED IMPERVIOUS AREA	
Area of existing impervious area within the footprint of new development	(B)
(C) EXISTING IMPERVIOUS SURFACES	
Area of all impervious surfaces existing OVER 2 years	
SUBTOTAL:	(C)
NEW IMPERVIOUS AREA = PROPOSED - REPLACED IMPERVIOUS: (A) - (B)	
TOTAL POST-PROJECT IMPERVIOUS AREA: (A) - (B) + (C)	
(D) TOTAL LAND DISTURBING ACTIVITY	
Areas to be cleared associated with proposed project, including landscaping.	

SAMPLE WORKSHEET & FEE INFORMATION



COMPLETE AND TALLY ALL SQUARE FOOTAGES	
(A) PROPOSED IMPROVEMENTS – NEW IMPERVIOUS AREA	
Proposed gravel driveway/parking	0
Roof area of all proposed buildings	3,250
Proposed decks, patios, covered porches, sports surfaces, etc.	1,176
Area of all impervious surfaces created under an OPEN PERMIT/S	575
Area of all impervious surfaces created within the PAST two years	875
SUBTOTAL:	(A) 5,876
(B) REPLACED IMPERVIOUS AREA	
Area of existing impervious area within the footprint of new development	(B) 2,750
(C) EXISTING IMPERVIOUS SURFACES	
Area of all impervious surfaces existing OVER 2 years	(C) 5,670
NEW IMPERVIOUS AREA = PROPOSED - REPLACED IMPERVIOUS: (A) - (B)	3,126
TOTAL POST-PROJECT IMPERVIOUS AREA: (A) - (B) + (C)	8,796
(D) TOTAL LAND DISTURBING ACTIVITY	
Areas to be cleared associated with proposed project, including landscaping.	7,225

FOR NEW DEVELOPMENT: Minimum Requirements (MR)

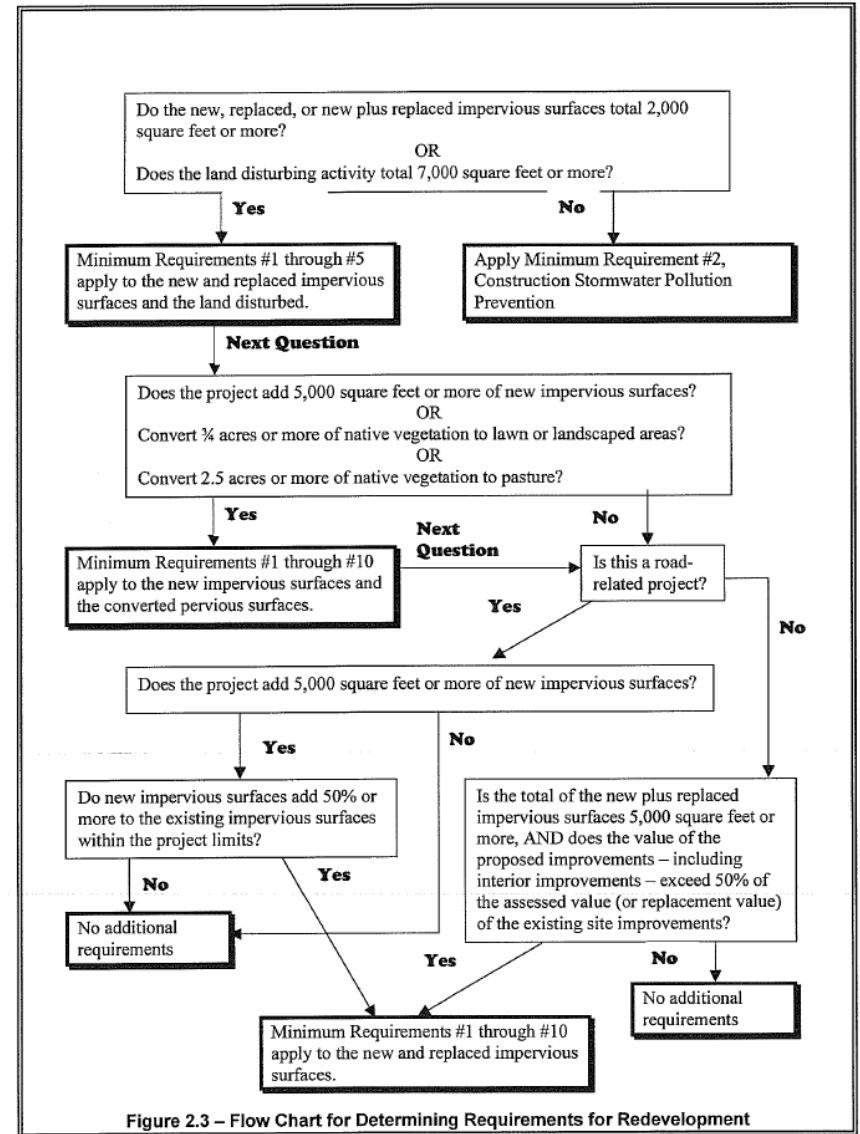
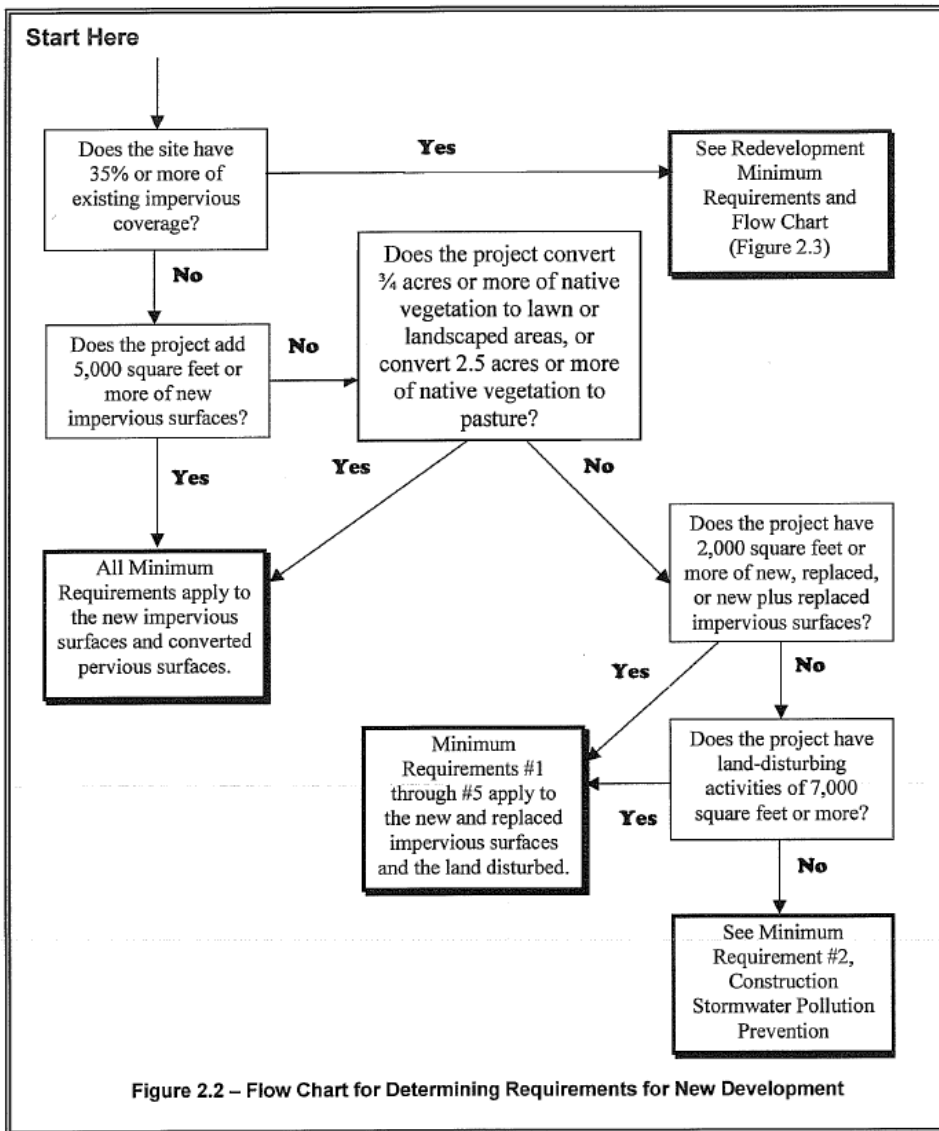
1. MR #1 - #5 (SMALL PROJECT) apply if:
 - A > 2,000 sf,
 - A - B > 2,000 sf,
 - B > 2,000 sf, or
 - Land disturbing activity > 7,000 sf.
2. MR #1 - #10 (LARGE PROJECT) apply if:
 - A - B > 5,000 sf,
 - ¾ acre of native converted to lawn/landscaped, or
 - 2.5 acre of native converted to pasture.

FOR RE-DEVELOPMENT: Minimum Requirements (MR)

1. MR #1 - #5 (SMALL PROJECT) apply if:
 - A > 2,000 sf,
 - A - B > 2,000 sf,
 - B > 2,000 sf, or
 - Land disturbing activity > 7,000 sf.
2. MR #1 - #10 (LARGE PROJECT) apply if:
 - A - B > 5,000 sf,
 - ¾ acre of native converted to lawn/landscaped,
 - 2.5 acre of native converted to pasture, or
 - A > 5,000 sf and the value of the improvements exceed 50% of the assessed value (or replacement value) of the existing site improvements.



Plan review fee for small and large projects is \$245.00.





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

STORMWATER

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 & 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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dcd@sanjuanco.com | www.sanjuanco.com

PERMIT APPLICATION

ISSUE DATE: _____
PERMIT NO.: _____

GIS ADDRESS REQUEST / E-911 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 form, you agree that Public Works personnel may enter the premises for 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:

- | | | |
|--|---|------------------------------------|
| <input type="checkbox"/> Database | <input type="checkbox"/> Edit data | <input type="checkbox"/> Post data |
| <input type="checkbox"/> Mapped | <input type="checkbox"/> Address | <input type="checkbox"/> Notice |
| <input type="checkbox"/> Add data tool | <input type="checkbox"/> Street Address | <input type="checkbox"/> 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: If 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 18.35.065(B) Category II. (4) and (6).

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

18.35.065 Geologically hazardous areas - Protection Standards.

- B. Category II.
 - 4. Development shall be located in accordance with the following:
 - a. 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
 - b. 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.
 - 6. 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 act as our agent, and authorize them to apply for a _____
Type of permit

For the following parcels of land

Signature of all property owners:

Property owner signature (1)

Property owner signature (2)

Property owner name (printed)

Property owner name (printed)

Property owner signature (3)

Property owner signature (4)

Property owner name (printed)

Property owner name (printed)