



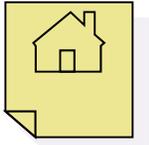
## SAN JUAN COUNTY DEPARTMENT OF COMMUNITY DEVELOPMENT

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!

#### TO ASSUME OWNERSHIP AND COMPLETE AN ISSUED BUILDING PERMIT



- New Single Family Residence (SFR)
- SFR Remodel
- SFR Addition
- Moved
- Modular
- Habitable Appurtenant Structure
- Commercial

*Please use this checklist and provide the following documents with your permit submission:*

1.  Completed and signed Permit Application.
2.  Contractor information, including business name, address, phone, license number, or owner/contractor declaration signed.
3.  Agent Authorization form, if owner is engaging an agent to sign on his/her behalf.

*Items 4-12, if needed, were submitted with the original permit – by assuming the application, applicant agrees to follow plans as approved by San Juan County and to complete the project to final occupancy.*

4.  Site plans and construction drawings
5.  Mechanical & Plumbing information table filled out (if structure contains either or both).
6.  An approved septic design number or report is required.
7.  Certificate of Water Availability (See attached policy.)
8.  Energy Form (Not required for modular homes or internal remodel projects.)
9.  Stormwater Management Plan
10.  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.
11.  (PW) Address Request / Review form       (PW) Access /Driveway Permit Application form

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

# Buff

# 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 ROADS

1. Maximum grade allowed
  - Gravel driveway – 16.0 percent
  - 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.sjfiremarshal.org](http://www.sjfiremarshal.org).



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## NEW OWNER APPLICATION

### TRANSFER OF OWNERSHIP OF A BUILDING PERMIT

#### PROPERTY INFORMATION

Tax Parcel Number		Permit Number
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Island: \_\_\_\_\_ Project Street Address (if assigned): \_\_\_\_\_

#### ENTER NEW OWNER / CONTACT / CONTRACTOR INFORMATION BELOW

#### 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 # _____

#### OTHER REQUIREMENTS

Job copy of plan set	<input type="checkbox"/> AVAILABLE	<input type="checkbox"/> NEED COPY (Copy fee per current fee schedule will be assessed.)
Inspection Card	<input type="checkbox"/> AVAILABLE	<input type="checkbox"/> NEED COPY (\$25.00 fee, per current fee schedule.)

#### ADDITIONAL PROJECT INFORMATION

**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 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 this application and attachments, understand the requirements, and have completed the application with true and accurate information. I agree that all provisions of laws and ordinances governing this 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 fees associated with this permit and see it through to completion and final occupancy.

\_\_\_\_\_  
Signature of Applicant (Owner or Authorized Agent)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legibly Printed Name of Applicant