



***Please use this checklist and provide the following documents with your  
PERMIT REVISION SUBMITTAL:***

1.  **INCLUDE primary building application/permit number.**
2.  Completed Revision Application including description of changes
3.  1 sets of revised site plans and construction drawings. Upload to the SmartGov portal when you've created your application.
  - a. Please include a key or legend listing which pages are replaced and any new pages
  - b. Each revised page should be the same number as the one it replaces
  - c. If a new page needs to be inserted between existing numbers, use a decimal or letter to keep original page numbering the same. (Example – pages between 8 and 9 would be 8.1, 8.2, or 8A, 8B, and so forth.)
4.  Mechanical & Plumbing information table filled out (if revision includes either or both)
  - a. List only new/added fixtures not included on the original
5.  Revised Energy Form if changing heat source or building envelope.
  - a. [Energy form](#) separate – must be filled out completely.
6.  Stormwater Management Plan if you are increasing your footprint
  - 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).
  - c.  If you will be creating over 2,000 sf of new impervious surface, or creating over 7,000 sf of land disturbance, 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.

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

# 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.



**SAN JUAN COUNTY DEPARTMENT OF COMMUNITY DEVELOPMENT**

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 cdp@sanjuanco.com | www.sanjuanco.com

**BUILDING PERMIT APPLICATION**

**(Energy form is now separate)**

REVISION TO ACTIVE -OPEN PERMIT ONLY

<input type="checkbox"/> <b>COMMERCIAL</b>	<b>PLEASE CHECK ALL THAT APPLY AND ENTER PROJECT VALUATION</b>	\$ _____	<b>ESTIMATED VALUATION</b>
<input type="checkbox"/> <b>NEW CONSTRUCTION</b>	<input type="checkbox"/> <b>REMODEL</b>	<input type="checkbox"/> <b>ADDITIONAL SQUARE FTG</b>	<input type="checkbox"/> <b>MOVED STRUCTURE</b>
	<input type="checkbox"/> <b>ACCESSORY</b>	<input type="checkbox"/> <b>MODULAR</b>	

**PROPERTY INFORMATION**

Tax Parcel Number _____	Shoreline: <input type="checkbox"/> NO <input type="checkbox"/> YES	(IF YES, ANSWER SHORELINE EXEMPTION QUESTIONS ON THE NEXT PAGE)
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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 <small>Check All that Apply</small>			
Enter SF for each:	New	Add'n	Remod.
Commercial Construction	_____	_____	_____
Accessory/Residence	0	0	0
1 <sup>st</sup> Floor SF	_____	_____	_____
2 <sup>nd</sup> Floor SF	_____	_____	_____
3 <sup>rd</sup> Floor SF	_____	_____	_____
# of Bedrooms	_____	_____	_____
Uncovered Porch	_____	_____	_____
Uncovered Deck	_____	_____	_____
Covered Porch	_____	_____	_____
Covered Deck	_____	_____	_____
Sunroom	_____	_____	_____
Unfinished Basement	_____	_____	_____
Attached Garage/Shop	_____	_____	_____
Change of Use	_____	_____	_____
Other:	_____	_____	_____

Fixtures to be added on the permit portal during application. Staff will review your plans and verify the correct fixture count.

\*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) 0 _____	Septic Design # _____	RPA or other 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		<b>Owner contractor sign here:</b>
<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"/>	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?	

**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
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**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**

_____ <i>Signature of Applicant (Owner or Authorized Agent)</i>	_____ Date	/ _____ <i>Legibly Printed Name of Owner / Agent</i>
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cdp@sanjuanco.com | www.sanjuanco.com

**BUILDING PERMIT APPLICATION: Project Scope of Work**

**PROPERTY INFORMATION**

<b>Tax Parcel Number</b>		<b>Owner:</b>
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Please provide, in detail, your proposed scope of work; to include:

- 1) General description of new and remodel work 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, 2<sup>nd</sup> floor of SFR to be remodeled" (describe mechanical, plumbing, insulation and wallboard installation or changes, etc.) and detail square footages and their intended uses.

**COMMERICAL: Same as residential, but also Include square footage of each use, for each floor:**

For example: Mixed use commercial construction consisting of 1500 sq/ft new office space B-occupancy, and 600 sq/ft café A-Occupancy.



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.
- *SUBMIT TO HEALTH AND COMMUNITY SERVICES WITH APPLICATION FEE (\$160 for 2021)*

**PROPERTY INFORMATION:**

Tax Parcel Number: \_\_\_\_\_ Property Size (acres/square feet): \_\_\_\_\_ Island: \_\_\_\_\_

Location Address: \_\_\_\_\_

**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 (specify): \_\_\_\_\_

Other New Structure (specify): \_\_\_\_\_

**Water Source:**  Community Water  Individual Well  Alternative: \_\_\_\_\_

\_\_\_\_\_  
Initial here \* 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 \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Health Department comments: \_\_\_\_\_

Water Supply is adequate  Water Supply is inadequate

Signature of Health Official: \_\_\_\_\_ Date: \_\_\_\_\_

Certificate of Water Availability - Page 2 - Required for Community Water Systems

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 (specify): \_\_\_\_\_
- Other New Structure with plumbing (specify): \_\_\_\_\_

Purveyor's Name: \_\_\_\_\_ System ID#: \_\_\_\_\_

Purveyor Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

Purveyor Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Impervious Surface Worksheet

San Juan County Public Works

915 Spring st | Friday Harbor | WA | 98250

(360) 370-0500 [www.sanjuanco.com/312/Community-Development](http://www.sanjuanco.com/312/Community-Development)

1.) Expected land-disturbing activity \_\_\_\_\_ Sq Ft Parcel Number \_\_\_\_\_  
 Shoreline parcel (yes or no) \_\_\_\_\_ Open Permit #'s \_\_\_\_\_  
 Permits within last 2 years \_\_\_\_\_ Land Use Designation: \_\_\_\_\_

2.) Identify and list below all impervious surfaces (a surface that prevents or retards the entry of water into the soil such as ROOFTOPS, WALKWAYS, PATIOS, DRIVEWAYS, PARKING LOTS, CONCRETE, ASPHALT, OIL, MACADAM, GRAVEL) for your parcel below:

Type of Impervious or Hard Surface	Existing (Sq ft)	Proposed Replaced (Sq ft)	Proposed New (Sq ft)	Subtotal of NEW + REPLACED
House + Attached garage roof area				
Detached garage + carport roof area				
Accessory dwelling or structure unit roof area				
Patio + covered deck area				
Driveway + compacted gravel				
Parking area				
Sidewalk				
Other				
Other				
Other				
<b>TOTALS</b>				<b>Ft Sq</b>

	Stormwater Requirements	Fee
All projects with <b>NEW + REPLACED</b> impervious surfaces <b>UNDER 2000 Sq ft</b> <i>and</i> Total Land Disturbing Activities <b>UNDER 7000 Sq ft</b>	Minimum Requirement #2 certification	None
All projects with <b>NEW + REPLACED</b> impervious surfaces <b>GREATER THAN 2000 Sq ft</b> <i>and/or</i> Total Land Disturbing Activities <b>GREATER THAN 7000 Sq ft</b>	Minimum Requirements # 1-5 (Small Project)	245.00
All projects with <b>EXISTING + NEW + REPLACED</b> impervious surfaces <b>GREATER THAN 5000 Sq Ft</b> <i>or</i> <b>CONVERT 3/4 ACRES OR MORE OF VEGETATION TO LAWN OR LANDSCAPED AREAS</b> <i>or</i> <b>CONVERT 2.5 ACRES OR MORE OF NATIVE VEGETATION TO PASTURE.</b>	Minimum Requirement #1-10 (Larger Project)	245.00

<b>TOTAL IMPERVIOUS SURFACES (Existing + New + Replaced)</b>	<b>Ft Sq</b>
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*This Worksheet must be completed and submitted with your building permit application, along with applicable fees*



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**STORMWATER MANAGEMENT: PLAN REVIEW APPLICATION**

- RESIDENTIAL     COMMERCIAL     PLAT     CLEARING & GRADING

**PROPERTY INFORMATION**

<b>Tax Parcel Number:</b> _____	<b>Land Use Designation:</b> _____
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Island: \_\_\_\_\_ Anticipated date of Construction: \_\_\_\_\_

Project Street Address (if assigned): \_\_\_\_\_

**OWNER INFORMATION**

<b>Name of Owner(s):</b> _____	<b>Email:</b> _____
<b>Mailing Address:</b> _____	<b>Phone:</b> _____
<b>City:</b> _____	<b>State:</b> _____ <b>Zip:</b> _____

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

<b>Name of Contact/Agent:</b> _____	<b>Email:</b> _____
<b>Mailing Address:</b> _____	<b>Phone:</b> _____
<b>City:</b> _____	<b>State:</b> _____ <b>Zip:</b> _____

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

## AGENT AUTHORIZATION

(for 3<sup>rd</sup> party agents: this form gives permission from the owner to apply for the permit and act on their behalf)

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)      Date*

\_\_\_\_\_  
*Property owner signature (2)      Date*

\_\_\_\_\_  
*Property owner name (printed)*

\_\_\_\_\_  
*Property owner name (printed)*

\_\_\_\_\_  
*Property owner signature (3)      Date*

\_\_\_\_\_  
*Property owner signature (4)      Date*

\_\_\_\_\_  
*Property owner name (printed)*

\_\_\_\_\_  
*Property owner name (printed)*