

# City of Poulsbo

Building Department

(360) 394-9882 Fax: (360) 697-8269



## Residential Building Permit Application

Type of Work:  New  Addition  Alteration  Other: \_\_\_\_\_

### PROPERTY INFORMATION

Site Address: \_\_\_\_\_

Assessor ID Number: \_\_\_\_\_

Existing Impervious Area:

New Impervious Area:

Irrigation:  Yes  No

Existing  New

Meter Size: \_\_\_\_\_

### PROJECT INFORMATION

Description of work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated Construction Value: \$ \_\_\_\_\_

### BUILDING INFORMATION

Water Meter Size:  Existing  New

Floor Area Basement:  Existing  New

Main Floor:  Existing  New

2<sup>nd</sup> Floor:  Existing  New

Other:  Existing  New

Garage:  Existing  New

Porch/Patio/Deck:  Existing  New

Number of Bedrooms: \_\_\_\_\_

Number of Bathrooms: \_\_\_\_\_

**People Information:** Complete as many entries as necessary to indicate all responsible parties: Applicant, Property Owner, contractor, etc. Use additional sheets if needed. All contractors and sub-contractors must have a valid City of Poulsbo business license.

**Check all that apply**  Applicant\*  Property Owner  Contractor  Other:

Name: \_\_\_\_\_ Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contractor License #: \_\_\_\_\_ Poulsbo Business License #: \_\_\_\_\_

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**Check all that apply**     Applicant\*     Property Owner     Contractor     Other:

Name: \_\_\_\_\_ Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contractor License #: \_\_\_\_\_ Poulsbo Business License #: \_\_\_\_\_

**Check all that apply**     Applicant\*     Property Owner     Contractor     Other:

Name: \_\_\_\_\_ Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contractor License #: \_\_\_\_\_ Poulsbo Business License #: \_\_\_\_\_

**FINANCING INFORMATION** required if project valuation exceeds \$5,000, per RCW 19.27.095 (may be deferred until issuance)

**Lender administering the construction financing or firm issuing a payment bond** (if any) on behalf of the prime contractor for the protection of the owner, if the bond is for an amount not less than 50% of the total amount of the construction project (if owner is self-financing, please indicate)

Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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\*I am the owner of the property described above or am authorized by the owner to sign and submit this application. I certify under penalty of perjury of the laws of the State of Washington that the information on this application and all information submitted herewith is true, complete and correct. I also acknowledge that by signing the application I am the responsible party to receive all correspondence from the City regarding this project including, but not limited to, expiration notifications. If I, at any point during the review or inspection process, am no longer the Applicant for this project, it is my responsibility to update this information with the City in writing in a timely manner. I understand that this form is being submitted electronically and my typed name on the signature line will qualify as my signature for purposes of the above certification.

Owner/Agent Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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*\*This checklist is a general guide for the applicants use when preparing submittals for residential building permits.*

*\*Additional information may be required based on the scope of each project. This checklist is not intended to take the place of a formal plan review process.*

### **Submittal Requirements**

- \_\_\_ Completed Residential Building Permit Application
- \_\_\_ Mechanical/Plumbing Fixture Count form (if applicable)
- \_\_\_ Energy Code Compliance Forms (available at [www.neec.net/energy-codes](http://www.neec.net/energy-codes))
- \_\_\_ Two (2) sets of required plans

*\*All non-residential buildings over 4000 square feet total (RCW 18.08.410(6), or all residential buildings with more than four dwelling units (RCW 18.08.410(5) must be designed by a Washington State registered design professional.*

*\*All construction documents prepared by a registered design professional when filed with public authorities, must be stamped and signed by that professional, regardless of whether the structure is exempt or not (RCW 18.08.370(2), RCW 18.43.070, as interpreted by AGO 1990 No 9)*

### **Architectural Drawings** (recommended scale is 1/4" = 1'-0")

#### Plan Coversheet:

- \_\_\_ Identify applicable codes and editions (ex. 2015 International Residential Code)
- \_\_\_ Identify Existing Building Code (IEBC) compliance method and scope of work narrative
- \_\_\_ If on a septic system, complete a Building Site Application with Kitsap Public Health District
- \_\_\_ List of all deferred submittals or separate permits
- \_\_\_ Identify property boundaries and all buildings

Floor plan(s): Provide dimensioned plans that clearly identify the proposed work. This may require an existing plan and a proposed plan to differentiate.

- \_\_\_ Label all rooms and uses (ex. living, bedroom, laundry, etc.)
- \_\_\_ Show fixed mechanical/plumbing equipment, fixtures, cabinets and counters
- \_\_\_ Show location and swing direction of all doors
- \_\_\_ Show location, dimensions and type of all windows. Label safety glass where required
- \_\_\_ Indicate location of egress windows (required in all rooms used for sleeping purposes)
- \_\_\_ Identify fire-resistance rated assemblies (as applicable)
- \_\_\_ Cross section(s) for all new walls, stairs, ramps, etc.
- \_\_\_ Ceiling height(s)
- \_\_\_ Locations of smoke and carbon monoxide alarms
- \_\_\_ As applicable: Elevations and details

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Site Plan (recommended scale is 1" = 20'-0")

- Building in relationship to property lines
- Setbacks
- Public and/or private easements
- Impervious surfaces

Mechanical/Plumbing Drawings: unless deferred (recommended scale is 1/4" = 1'-0")

- Show the mechanical installation or alteration in floor plan view; clearly distinguish between existing and new appliances, ductwork and piping
- For gas piping installations: label all lengths, sizes and pressures of gas pipe, locate all appliances on gas pipe and label each appliance BTUs, summarize total distance from meter to farthest appliance, and summarize total BTU load on gas pipe
- Show the plumbing installation or alteration in floor plan view; clearly distinguish between existing and new pipes, fixtures, and vents
- Identify all backflow prevention devices
- Identify and locate all grease interceptors
- Energy code compliance information, including system commissioning requirements

Structural Drawings: as applicable (recommended scale is 1/4" = 1'-0")

- Foundation plan
- Floor framing
- Roof framing
- Locations & sizes of columns, posts, beams and girders
- Shear walls and diaphragms
- If using prescriptive method; show braced wall lines, method, etc.

**Additional permits required may include:**

- Demolition Permit
- Mechanical Permit
- Plumbing Permit
- Residential Deck Permit
- Irrigation Permit

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## Mechanical & Plumbing Fixture Count

### Mechanical Fixtures

Indicate the number of new and/or replaced mechanical fixtures in this project.

**Fuel Type:**  Gas  Electric  Other:

DESCRIPTION	Qty	DESCRIPTION	Qty
Air Handler ≤ 10K cfm		Fireplace – Gas	
Air Handler > 10K cfm		Fireplace – Woodstove	
Compressor 1-Up to 100K		Furnace ≤ 100K	
Compressor 2-100K to 500K		Furnace > 100K	
Compressor 3-500K to 1000K		Gas Pipe System 4 Outlets	
Compressor 4-1000K to 1750K		Gas Pipe System Ea. Additional Outlet	
Compressor 5-1750K & Up		Heat Pump – Ductless	
Cook Stove		LP Tanks < 2000 Gal	
Dryer Vent		Mechanical Equipment – Misc.	
Duct Change/New		Unit Heat – Floor Mounted/Suspended	
Evaporative Cooler		Water Heater – Fuel Fired	
Fan		Other:	

### Plumbing Fixtures

**First column:** Indicate the number of new, replaced and/or relocated plumbing fixtures in this permit.

**Second column:** List all water using fixtures on this water service after the remodel/addition. Public Works needs this information to evaluate whether the current water service size has the capacity for additional fixtures.

DESCRIPTION	Qty	Total	DESCRIPTION	Qty	Total
Backflow Device ≤ 2"			Lawn Sprinkler		
Backflow Device > 2"			Medical Gas System 4 Outlets		
Building Sewer Connection			Medical Gas System Ea. Additional Outlet		
Clothes Washer			Roof Drain Inside Building		
Dishwasher			Sewage Ejector Pump		
Drain/Vent Pipe Change/New			Shampoo Sink		
Drinking Fountain			Sink/Lavatory		
Floor Drain			Tub/Shower		
Floor Sink/Indirect Waste			Water Closet/Urinal		
Grease Interceptor ≤ 55			Water Heater – Electric		
Grease Interceptor – Industrial			Water Pipe Change/New		
Hose Bib 5 Outlets			Other:		
Hose Bib Ea. Additional Outlet					