

City of Poulsbo

Building Department

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



Commercial Building Permit Application

Type of Work: New Addition Alteration
 Tenant Improvement Change of Use Other: _____

PROPERTY INFORMATION

Site Address: _____
Assessor ID Number: _____
Existing Zoning: _____
Lot Size: _____ Lot Coverage: _____
Existing Impervious Area: _____ New Impervious Area: _____
Irrigation: Yes No Existing New Meter Size: _____

PROJECT INFORMATION

Description of work: _____

Estimated Construction Value: \$ _____

BUILDING INFORMATION

Occupancy Group(s): _____ Type of Construction: _____
Number of Stories: _____ Building Height (if new/increased): _____
Existing Meter Size: _____ New Meter Size: _____
Existing Floor Area 1st Floor: _____ 2nd Floor: _____ Other: _____
New Floor Area 1st Floor: _____ 2nd Floor: _____ Other: _____
Existing Fire Alarm System? Yes No Not Sure
Existing Fire Sprinkler System? Yes No Not Sure

CHANGE OF USE INFORMATION

Existing Off-Street Parking? Yes No Not Sure Number of Spaces: _____
Is the property located within 200' of shoreline? Yes No Not Sure
Does the property contain any critical areas? Yes No Not Sure
Previous use of building or tenant space: _____

Description of proposed use: _____

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 #: _____

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: _____

*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: _____

**This checklist is a general guide for the applicants use when preparing submittals for commercial 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 Commercial Building Permit Application
- ___ Mechanical/Plumbing Fixture Count form (if applicable)
- ___ Energy Code Compliance Forms (available at www.neec.net/energy-codes)
- ___ Three (3) 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 Building Code)
- ___ Identify Existing Building Code (IEBC) compliance method and scope of work narrative
- ___ Identify occupancy classifications, occupant load, and areas (sq. ft.) for each space
- ___ Identify total building height and number of stories
- ___ Identify if building has a fire sprinkler (fully or partially), if yes, identify system type
- ___ Identify if building has a fire alarm, if yes, identify system type
- ___ List of all deferred submittals or separate permits
- ___ Identify property boundaries and all buildings
- ___ Identify location of tenant space within building

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. office, retail area, storage, etc.)
- ___ Detail accessible features (ex. restrooms, ramps, sales and service counter, dressing rooms)
- ___ Show fixed equipment, fixtures, cabinets and counters
- ___ Show location and swing direction of all windows and doors
- ___ Location of required exit signs and egress illumination
- ___ Illustrate the size and location of portable fire extinguishers
- ___ Identify fire-resistance rated construction locations and assemblies
- ___ Cross section(s) for all new walls, stairs, ramps, etc.
- ___ Ceiling Height
- ___ Reflected ceiling plan
- ___ As applicable: Elevations and details

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

NOTE: A site plan will not be required if this proposed occupancy is the same as the previous one at this location, or if no work will be done outside of the existing building shell.

- ___ Building in relationship to property lines
- ___ Existing and new parking
- ___ Accessible route to the building entrance

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

Additional permits required may include:

- Demolition Permit
- Mechanical Permit
- Plumbing Permit
- Fire Alarm System Permit
(Poulsbo Municipal Code 15.16.040)
 - Required in new construction of Group A, B, F, M, R-1 and S occupancies having four thousand square foot or greater floor area.
 - Required in any existing building having four thousand square foot or greater floor area when a change in occupancy classification occurs.
 - Required in any existing building having four thousand square foot or greater floor area whenever such building is remodeled, altered, or has a change in use which, in the judgment of the fire marshal, results in any of the following conditions:
 1. Hazardous operations;
 2. Hazardous contents;
 3. Critical exposure problem;
 4. Limited accessibility to the building;
 5. Increased fire or life safety risk. (Ord. 99-06 § 4, 1999)
- Fire Sprinkler System Permit
(Poulsbo Municipal Code 15.12.020)
 - Buildings in excess of ten thousand square feet and other than Group R, Division 1.
 1. Except for Group R, Division 1 occupancies, an automatic fire-extinguishing system designed, installed and tested in accordance with Chapter 9 of the most recently adopted editions of the International Building Code, International Fire Code, and NFPA Standard No. 13 shall be installed in all new buildings in excess of ten thousand square feet total floor area.
- Hood Fire Suppression System Permit
- Sign 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					