



COMMUNITY DEVELOPMENT DEPARTMENT  
80 Columbia Avenue, Marysville, WA 98270  
(360) 363-8100, (360) 651-5099 FAX

## CHECKLIST FOR APPLICATIONS:

### New Single Family Residence, Residential Addition, or Residential Interior Alterations.

- Plans are designed under the 2015 International Residential/Building Code
- 2 copies of site plan: All setbacks are clearly indicated
- 2 copies of Building/construction plans
- 2 copies of Energy Code Calculations (may be on plans)
- 2 copies Structural Calculations (if applicable)

Employee \_\_\_\_\_ Date: \_\_\_\_\_

### Garages, Carports, and Sheds

- 2 site plans
- 2 copies of Construction Plans
- 2 copies of Engineering Calculations stamped by Washington State Licensed Structural Engineer or Architect may be required if the proposed structure does not meet the prescriptive requirements of the 2015 IRC.

Employee \_\_\_\_\_ Date: \_\_\_\_\_

### New Commercial/Industrial/Multi-Family Buildings (Or Large Commercial Exterior Additions)

- Plans are designed under the 2015 International Residential/Building Code
- 4 Building Plans
- 4 site plans, building elevations
- 1 landscape plan for Planning
- 2 copies of Structural Calculations
- 2 copies of soils Reports
- 2 copies of Energy Code calculations

Employee \_\_\_\_\_ Date: \_\_\_\_\_

### Commercial Alteration, Exterior or Interior Remodel, or Change of Occupancy Use in the Building.

- 2 copies of site plans for interior improvements
- 2 copies of working drawings (see architectural floor plan for details).
- 2 copies of site plans if there are any exterior improvements including roll up doors, ramps, etc.

Employee \_\_\_\_\_ Date: \_\_\_\_\_

### Commercial Mechanical/Plumbing

- 2 set of plans
- 2 sets of Manufactures Installation Instructions for all proposed equipment.
- 2 sets of Plumbing Schematics for waste/vent and water lines.

Employee \_\_\_\_\_ Date: \_\_\_\_\_

### Change of Use

- 4 site plans
- 4 floor plans and/or construction plans
- 4 detailed narrative of proposed use

Employee \_\_\_\_\_ Date: \_\_\_\_\_

**Retaining Wall or Rockery – Commercial - (over 4')**

- 2 site plans
- 2 copies of construction plans
- 2 copies of engineering calculations stamped by state licensed structural engineer or architect, if applicable or there is a surcharge on the proposed retaining wall or rockery.

Employee \_\_\_\_\_ Date: \_\_\_\_\_

**Decks & Accessibility Ramps**

- 2 site plans
- 2 construction plans

Employee \_\_\_\_\_ Date: \_\_\_\_\_

**Storage Racks / Conveyer Belts**

- 2 copies of floor plan layout detailing rack location, height and length of each system, width of aisles, ceiling/roof height, location of exits.
- 2 copies of a description of product stored, packaging & sprinkler info
- 2 stamped sets of structural engineer’s design for anchorage of racks. Include number of bays of racks, including length and height of each bay on the application.

Employee \_\_\_\_\_ Date: \_\_\_\_\_

**Demolition**

- 1 copy of asbestos report
- 1 copy of Puget Sound Air Pollution Control Agency form signed and given a tracking number by agency.
- Completed Demolition application

Employee \_\_\_\_\_ Date: \_\_\_\_\_

**Fire Sprinkler or Fire Alarm for Commercial or Multi-Family Structures**

- 5 sets of plans, calculations, and any information regarding the proposed project.
- Completed Fire Sprinkler Application
- Plans shall be designed under the 2015 IFC

Employee \_\_\_\_\_ Date: \_\_\_\_\_

**Electrical Applications**

**Residential**

- Application  
Electrical plans are not required for residential  
Homeowner can be listed as contractor

**Commercial**

- Application (See separate electrical application)
- 2 sets of electrical plans  
Unless under 100 amps and / or under 2,500square feet.
- Contractor must be licensed electrical contractor

Employee \_\_\_\_\_ Date: \_\_\_\_\_



# COMMUNITY DEVELOPMENT DEPARTMENT COMBINED BUILDING PERMIT APPLICATION

Permit Submittal Hours Monday – Friday: 7:30 am to 4:00pm.

FOR OFFICE USE ONLY

Permit No. \_\_\_\_\_

**THIS APPLICATION WILL NOT BE ACCEPTED WITHOUT COMPLETED SUBMITTAL REQUIREMENTS**

**Sewer Septic  
Grinder Pump Y N**

*Septic application needs approved site plan from Snohomish Health District.  
Grinder pump requires approval by Engineering Services Manager.*

<b>Owner Name:</b> _____		<b>Telephone:</b> _____	
<b>Address:</b> _____	<b>City:</b> _____	<b>State:</b> _____	<b>Zip:</b> _____
<b>Cell Phone:</b> _____		<b>Email:</b> _____	
<b>Applicant Name:</b> _____		<b>Telephone:</b> _____	
<b>Address:</b> _____	<b>City:</b> _____	<b>State:</b> _____	<b>Zip:</b> _____
<b>Cell Phone:</b> _____		<b>Email:</b> _____	
<b>Contractor Name:</b> _____		<b>Telephone:</b> _____	
<b>Address:</b> _____	<b>City:</b> _____	<b>State:</b> _____	<b>Zip:</b> _____
<b>Cell Phone:</b> _____		<b>Email:</b> _____	
<b>Contractors L &amp; I No:</b> _____		<b>City Business License No:</b> _____	

**PROPERTY INFORMATION**

<b>Tax ID No.(14digits):</b> _____	<b>Site Address:</b> _____
<b>Zoning:</b> _____	<b>Plat:</b> _____
	<b>Lot:</b> _____

Detailed Description of proposal/work:      Project Use: _____ Project Valuation: \$ _____	Square footages for new and additions:	
	_____	SF 1 <sup>ST</sup> FLOOR
	_____	SF 2 <sup>ND</sup> FLOOR
	_____	SF BASEMENT
	_____	SF GARAGE
	_____	SF DECK
	_____	TOTAL SF
	Plan # _____	

This permit is issued by the Building Official and under the provisions of the International Building Code and the International Residential Code, shall expire by limitation and become null & void if the building or work authorized by such permit is not commenced within 180 days. By affixing my signature, I hereby certify that I am the owner of the property for which this permit is issued or an authorized representative of the owner All provisions of laws and ordinances governing this type of work will be complied with, whether specified herein or not, including routine calls for inspections.

X \_\_\_\_\_ / \_\_\_\_\_  
(Signature of Owner or Agent) Date

Contact(please print): \_\_\_\_\_ Contact phone: \_\_\_\_\_

Comments:  
\_\_\_\_\_  
\_\_\_\_\_

Street Setback:	Side Yard Setback:	Rear Yard Setback:	Vacant Site: <input type="checkbox"/> Y <input type="checkbox"/> N
Lot Area:	# Stories:	Type of Const:	Occupancy Group:
Bedrooms:	Garage: <input type="checkbox"/> 1car <input type="checkbox"/> 2car	Dwelling Units:	Occupancy Load:
Fire Ext. <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 3car <input type="checkbox"/> _____	Building Height:	
Updated 8/1/2017			<b>Deposit Amount: \$</b> _____ Paid <input type="checkbox"/> Y <input type="checkbox"/> N



## COMMUNITY DEVELOPMENT DEPARTMENT PLUMBING / MECHANICAL PERMIT SUBMITTAL REQUIREMENTS

<b><u>PLUMBING</u></b>	
<b><u>Qty</u></b>	<b>FEE</b>
Water Closet	15.00
Bath/Shower Combo	15.00
Lavatory	15.00
Shower (only)	15.00
Kitchen Sink & Disposal	15.00
Dishwasher	15.00
Laundry Tray	15.00
Clothes Washer	15.00
Water Heater	15.00
Urinal	15.00
Drinking Fountain	15.00
Pretreatment Interceptor	15.00
Alteration/repair piping	15.00
Floor Drains/Floor sinks	15.00
Hose Bibbs	15.00
Roof Drains	15.00
Sink (bar, service, etc.)	15.00
Backflow Assembly	15.00
Building Main Waste	25.00
Icemaker/Refrigerator	15.00
Grease Trap	30.00
Grease Interceptor	100.00
Medical Gas Piping < 5 inlets / outlets each	25.00
Medical Gas Piping > 5 inlets / outlets each	25.00
Existing Repair	15.00
Sprinkler System (Fire)	50.00
Sprinkler Heads <span style="float: right;"><i>each</i></span>	.50
Backflow < 2"	15.00
Backflow > 2"	15.00
Water Service Connect	50.00
Grinder Pump	150.00
Sub-meter	15.00
Other	15.00
<b>PLUMBING PERMIT FEE</b>	<b>50.00</b>

<b><u>MECHANICAL</u></b>	
<b><u>Qty</u></b>	<b>FEE</b>
Air Cond. Unit <100 Btu/h	20.00
Refrig. Unit	20.00
Boiler < 100,000 Btu's	See Table 1-A
Forced Air Heat < 100 Btu/h	20.00
Floor Furnace	20.00
Wall Heaters	20.00
Unit Heaters	20.00
Clothes Dryer	20.00
Ventilation Fan	20.00
Range Hood	20.00
Air Handling Units	20.00
Fireplace/Insert/Stove	20.00
Gas Piping	20.00
Water Heater – Gas Fired	20.00
Heat Pump	20.00
Ductwork (drawings req.)	20.00
Miscellaneous Appliance	20.00
Diffusers	10.00
Other	
<b>MECHANICAL PERMIT FEE</b>	<b>50.00</b>

**Commercial plumbing & mechanical permits are required to submit line drawings. A plan review fee of 65% for plumbing and 65% for mechanical will be assessed at time of review.**

**An inspection by a third party is required on Backflow Assembly(s) at time of installation. Assemblies are required to be tested annually thereafter.**

Office use only		
Inspections	<i>(each)</i>	\$ 75.00
Minimum plan review		\$ 75.00
Other		
	State Issuance Fee	\$ 4.50
Original plan project _____		