



# MARYSVILLE COMMUNITY DEVELOPMENT DEPARTMENT

## COMBINED BUILDING PERMIT APPLICATION

### WASHINGTON

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

FOR OFFICE USE ONLY
Permit No. _____

**ALL DOCUMENTS ARE TO BE SUBMITTED ELECTRONICALLY. THIS APPLICATION WILL NOT BE ACCEPTED IN PAPER FORM, AND WITHOUT COMPLETED SUBMITTAL REQUIREMENTS**

Sewer Septic	
Grinder Pump	<b>Y</b> <b>N</b>

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

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

**PROPERTY INFORMATION**

Tax ID No.(14digits):	Site Address:
Zoning: Plat:	Lot:

Detailed Description of proposal/work:	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
Project Use:	Plan # _____	
<b>Project Valuation:</b> \$ _____		

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



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### COMMUNITY DEVELOPMENT DEPARTMENT PLUMBING / MECHANICAL PERMIT FIXTURE COUNTS

<u>PLUMBING</u>	
<u>Qty</u>	FEE
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 <i>each</i>	.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>

<u>MECHANICAL</u>	
<u>Qty</u>	FEE
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 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 _____		

EST.



1891

# MARYSVILLE

## WASHINGTON

**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 2018 International Residential/Building Code
- 1 electronic copy of site plan: All setbacks are clearly indicated
- 1 electronic copy of Building/construction plans
- 1 electronic copy of Energy Code Calculations (may be on plans)
- 1 electronic copy of Structural Calculations (if applicable)

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

#### **Garages, Carports, and Sheds**

- 1 electronic site plan: All setbacks are clearly indicated
- 1 electronic copy of Building/construction plans
- 1 electronic copy 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 2018 IRC.

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

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

- Plans are designed under the 2018 International Residential/Building Code
- 1 electronic copy of Building/construction plans
- 1 electronic site plan and elevation plan
- 1 electronic copy of landscape plan for Planning
- 1 electronic copy of Structural Calculations
- 1 electronic copy of Geotech Report
- 1 electronic copy of Energy Code Calculations

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

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

- 1 electronic copy of site plans for interior improvements
- 1 electronic copy of Building/construction plans
- 1 electronic copy of site plans if there are any exterior improvements.

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

#### **Commercial Mechanical/Plumbing**

- 1 electronic set of plans
- 1 electronic set of Manufactures Installation Instructions for all proposed
- 1 electronic set of Plumbing Schematics and/or mechanical plans.

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

#### **Change of Use**

- 1 electronic copy of site plans
- 1 electronic floor plans and/or construction plans
- 1 electronic detailed narrative of proposed use

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

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

- 1 electronic copy of site plans
- 1 electronic copy of construction plans
- 1 electronic copy 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**

- 1 electronic copy of site plans
- 1 electronic copy of construction plans

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

**Storage Racks / Conveyer Belts**

- 1 electronic copy of floor plan layout detailing rack location, height and length of each system, width of aisles, ceiling/roof height, location of exits.
- 1 electronic copy of a description of products stored, packaging, and sprinkler information
- 1 electronic copy 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 electronic copy of the asbestos report
- 1 electronic copy of the Puget Sound Air Pollution Control Agency form signed, and assigned a tracking number by agency.
- 1 electronic demolition application

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

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

- 1 electronic set of plans, calculations, and any information regarding the proposed project.
- 1 electronic completed fire construction permit application
- Plans shall be designed under the 2018 IFC

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

**Electrical Applications**

**Residential**

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

**Commercial**

- 1 electronic completed electrical permit application
- 1 electronic set of electrical plans  
Unless under 100 amps and / or under 2,500square feet.
- Contractor must be licensed electrical contractor

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