



Commercial Building Permit Submittal Checklist



Project File Number: _____ Accepted By: _____

Project Name: _____ Date: _____

The following information is needed in order for your application to be submitted for review. If you have any question on required item, please call 425-622-9434. Read each item carefully and provide all applicable information.

Applicant / Staff Verify

Commercial Building Permit Application Form

- ___ / ___ Permit Information
- ___ / ___ Parcel Information
- ___ / ___ Applicant Information
- ___ / ___ Site Information
- ___ / ___ Floor Area (existing and/or proposed square footage)
- ___ / ___ Structure Information; (value of construction, number of buildings, type of construction, occupancy group, etc.)
- ___ / ___ Designer, Engineer and Contractor Information
- ___ / ___ Applicant Initial and signed and dated

Required Architectural/structural plans (2 sets, wet stamped, 18" X 24" minimum size)

- ___ / ___ Mechanical and Plumbing Plans **or noted if deferred;**
- ___ / ___ Description of work
- ___ / ___ Address
- ___ / ___ Legal Description
- ___ / ___ Occupancy Group and Occupancy Load
- ___ / ___ Number of Occupants in each floor and/or room
- ___ / ___ Type of Construction
- ___ / ___ Building Elevations;
- ___ / ___ ADA Compliant with ICC/ANSI (ADA) A117.1—2009 (access, bathrooms, parking)
- ___ / ___ Building Sections
- ___ / ___ Means of egress
- ___ / ___ Travel distance to exit discharge to public way
- ___ / ___ Exterior wall envelope (flashing, corner end details, etc.)
- ___ / ___ Energy Credits noted on plans

Required Reports/Supporting Documents (2 sets, unless otherwise noted)

- ___ / ___ Structural Calculations
- ___ / ___ Energy Envelope, including lighting summary; <http://waenergycodes.com>
- ___ / ___ Special Inspections Agreement (1 set)
- ___ / ___ Traffic Study
- ___ / ___ Engineer Report - Drainage
- ___ / ___ Critical Area Study and Mitigation Plan (if applicable)
- ___ / ___ Tree Retention Survey
- ___ / ___ Geo-Tech Report (if applicable)
- ___ / ___ Copy of Hearing Examiner's Decision (if applicable)
- ___ / ___ Short Plat Conditional Approval Decision (if applicable)

Required Site Plan (2 sets, 18" X 24" minimum **AND** 2 sets, reduced size—legal or 11" X 17")

- ___ / ___ Vicinity Map;
- ___ / ___ Tax Account Number(s);
- ___ / ___ Legal Description;
- ___ / ___ North Arrow;
- ___ / ___ Date of Preparation;
- ___ / ___ All property lines with dimensions;

- ___ / ___ Topography at contour intervals of 5 feet or less (if less than 1% make a note on site plan instead of showing topos);
- ___ / ___ Right-of-Way Dedication area (when applicable);
- ___ / ___ Location of existing/proposed easements, access areas and utilities;
- ___ / ___ Setbacks from: all property lines, easements and/or existing buildings, for all proposed and existing building locations;
- ___ / ___ Proposed and existing fence, rockery and/or retaining wall locations;
- ___ / ___ Proposed or existing bio-filtration swales and/or detention/retention ponds;
- ___ / ___ Distance from Right-of-Way center line to property lines;
- ___ / ___ Access points showing arrows for ingress and egress;
- ___ / ___ Proposed or existing fire hydrant locations;
- ___ / ___ Location and size of Utility District Water/Sewer line (located in street);
- ___ / ___ Existing Septic Tank, drain field and reserve areas (if applicable);
- ___ / ___ Critical areas (wetlands, streams, water bodies or slopes include proposed and existing buffer areas);
- ___ / ___ Proposed and existing parking areas;
- ___ / ___ Individual parking stalls numbered consecutively;
- ___ / ___ Dimensions of parking stalls;
- ___ / ___ Indicated if compact or barrier free;
- ___ / ___ Aisle width;
- ___ / ___ Proposed and existing landscaping areas;
- ___ / ___ Indicate size of required landscape buffers and note type;
- ___ / ___ Indicated parking area landscaping calculations on site plan;
- ___ / ___ Show compliance with the IBC Chapter 11 Barrier Free requirements;
- ___ / ___ Proposed limits of any additional site disturbance (clearing/grading not already identified).

Plan Check Fee/Intake Fees