



PLANNING, COMMUNITY, & ECONOMIC DEVELOPMENT DEPARTMENT  
**COMMERCIAL & MULTI-FAMILY BUILDING PERMIT APPLICATION**

Mailing Address: P.O. Box 547, Anacortes, WA 98221

Office Location: 904 6<sup>th</sup> Street, Anacortes WA 98821

Phone: (360) 293-1901

PLEASE REFER TO THE COMMERCIAL & MULTI-FAMILY BUILDING PERMIT CHECKLIST FOR SUBMITTAL REQUIREMENTS

<b>PROJECT ADDRESS (Street, Suite #):</b>		<b>PARCEL(S) #:</b>	
Subdivision/Lot #:		<b>PROJECT VALUATION: \$</b>	
<b>APPLICANT:</b>		Phone:	
Address (Street, City, State, Zip):		Email Address:	
<b>PROPERTY OWNER:</b>		Phone:	
Address (Street, City, State, Zip):		Email Address:	
<b>CONTACT PERSON:</b>		Phone:	
Address (Street, City, State, Zip):		Email Address:	
<b>LENDING AGENCY:</b>		Phone:	
Address (Street, City, State, Zip):		Email Address:	
<b>CONTRACTOR:*</b>		Phone:	
Address (Street, City, State, Zip):		Email Address:	
<i>*All Contractors &amp; subcontractors must have a valid City of Anacortes business license prior to doing work in the City. Contact the City's Finance Department at (360) 299-1968.</i>		Professional License #	Exp. Date:
		Business License #:	Exp. Date:
<b>PROPOSED WORK:</b> _____ _____ _____			
PROPOSED NEW SQUARE FOOTAGE:			
Basement SQ':	1 <sup>st</sup> Floor SQ':	2 <sup>nd</sup> Floor SQ':	
3 <sup>rd</sup> Floor SQ':	4 <sup>th</sup> Floor SQ':	Garage SQ':	
Other SQ':	Retaining Wall: Yes <input type="checkbox"/> No <input type="checkbox"/>	Fire Sprinkler: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Occupancy Group(s):	Occupant Load(s)	Type of Construction:	
I declare under penalty of perjury that the information I have provided on this form/application is true, correct, and complete, and that I am the property owner or duly authorized agent of the property owner to submit a permit application to the City of Anacortes.			
Print Name: _____		Owner <input type="checkbox"/> Agent <input type="checkbox"/> (specify): _____	
Signature: _____		Date: _____	

**IMPERVIOUS SURFACE AREA:**

Existing Impervious SQ':	New Impervious SQ':		
Total Disturbed Land/Soil SQ':	Total Proposed:	Cut:	Fill:
New hard surfaces (pervious & impervious)			
Land converted from native vegetation to lawn or landscaping SQ':			
Land converted from native vegetation to pasture SQ':			

**MECHANICAL:**

<b>Equipment Type:</b>	<b>Appliance/Equipment Information (new and relocated):</b>				<b>Total #:</b>
Furnace:	Gas #:	Elec #:	BTU:	Other #:	
Wall Heater:	Gas #:	Elec #:	Other: #:	Location(s):	
Gas Water Heater:	#:	Location(s):			
Heat Pump:	Elec #:	Other #:			
Air Conditioner /Handler:	Elec #:	Other: #:	Location(s):		
Radiant /Hydronic Heating:	Gas #:	Elec #:	Other: #:	Location(s):	
Exhaust Fans:	Bath #:	Laundry #:	Kitchen #:	Other #:	
Range Hood:	#:	Type 1 or 2 (Circle which one)		Location(s):	
Fireplace:	Gas #:	Elec #:	Other: #:	Location(s):	
Clothes Dryer & Duct:	Gas #:	Elec #:	Other: #:	Location(s):	
Stove/Range/Oven:	Gas #:	Elec #:	Other: #:	Location(s):	
Refrigeration Unit:	Elec #:	Other: #:	Location(s):		
Gas Piping/ Outlet(s):	#:	Location(s):			
Boiler:	Gas #:	Elec #:	BTUs:	Location(s):	
Other:	#:	Location(s):			

**TOTAL MECHANICAL OUTLETS:**

**PLUMBING FIXTURES:**

<b>Fixture Type (new and relocated):</b>	<b>Total #:</b>	<b>Fixture Type (new and relocated):</b>	<b>Total #:</b>
Water Closet (Toilet):		Refrigerator water supply (for water/ice dispenser):	
Kitchen Sink:		Pressure Reduction Valve/Pressure Regulator:	
Utility Sink:		Water Service Line:	
Tub:		Water Piping:	
Hand Sink:		Clothes Washer:	
Shower:		Electric Water Heater: Tank-less? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Dishwasher:		Backflow Prevention Device:	
Urinal:		Hose Bib:	
Floor Drain / Floor Sink:		Drinking Fountain:	
Hydronic Heat in: Floor <input type="checkbox"/> Wall <input type="checkbox"/>		Grease Interceptor:	
Other:		Other:	

**TOTAL PLUMBING FIXTURES:**



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**PRE-APPLICATION MEETING?**  YES  NO **IF YES, FILE #:** \_\_\_\_\_

Plans shall be of sufficient clarity to indicate the location, nature, and extent of the work proposed, and conform to the provisions of the adopted International Codes and City Ordinances.

Applicant Checklist	<i><b>SUBMITTAL REQUIREMENTS:</b> The number indicates the number of copies for submittal (if applicable).</i>	PERMIT TYPE:					
		New Commercial & Mixed-Use	New Multi-Family	Addition /Remodel	Tenant Improvement / Interior Remodel Only	Change of Use	Office Use Only
	Commercial & Multi-Family Building Permit Application	1	1	1	1	1	
	Site Plan (Drawn to Scale)	2	2	2	0	2	
	Copy of Boundary Survey	2	2	2	0	2	
	Building Plans (Drawn to Scale)	2	2	2	2	2	
	Reduced Site Plan (11" X 17")	2	2	2	0	2	
	Reduced Floor Plan (11" X 17")	2	2	2	2	2	
	Structural Calculations (if applicable)	2	2	2	2	2	
	Energy Code NREC Compliance -including Calculations, Lighting, & Commissioning	1	1	1	1	1	
	Stormwater Minimum Requirements 1-9	3	3	3	0	0	
	Landscape Plan	2	2	2	0	0	
	Parking Plan	2	2	2	0	0	
	Grading Plan/Cut/Fill	2	2	2	0	0	
	Critical Areas Report (if applicable)	1	1	1	0	0	
	Geotechnical Report (if applicable)	1	1	1	0	0	
	Traffic Impact Analysis (if applicable)	1	1	1	0	1	
	Plan Review Deposit	✓	✓	✓	✓	✓	
	Digital Copy of Plans on Flash/CD (due at permit issuance)	✓	✓	✓	✓		

**NOTES:**

1. Handouts and standard details may be found on the City's Planning, Community, & Economic Development website or can be obtained at city hall during normal business hours.
2. Plans, calculation, & reports prepared by state licensed architects or professional engineers must be stamped and signed by the design professional.
3. The drainage analysis /plan & TESC Plan shall comply with the 2012 Department of Ecology's Stormwater Management Manual for Western Washington (as amended in December 2014).
4. Within 180-days of application submittal refunds are allowed up to maximum of 80% of plan review fee so long as no review has been performed by staff (Per IBC 109.6). The applicant must initiate this refund request by submitting a signed letter to the Building Department.

**STAFF DETERMINATION OF COMPLETENESS:**

Please note, that the subject building permit application will be reviewed by staff for completeness. All of the items above as listed in the “Commercial & Multi-Family Building Permit Checklist” need to be submitted at time of application submittal unless deemed unnecessary by staff. If staff deems the application incomplete, the applicant will be notified by mail and/or email as to what items and/or revisions are still needed.

Additionally, if the application is deemed incomplete, the applicant will have **90-days to submit the requested information** per AMC 19.20.130(B)(2)(b). If the requested items and/or revisions are not provided by the deadline [90-days], the application may be rejected by staff and returned to the applicant along with any unspent application fees per AMC 19.20.130(C)(3)(b).

<b>FOR STAFF USE ONLY –COMPLETENESS DETERMINATION:</b>		
<b>IS THE APPLICATION COMPLETE? (CIRCLE ONE)</b>	<b>COMPLETE</b>	<b>INCOMPLETE</b>
<b>If deemed incomplete, what is the date it was deemed incomplete?</b> _____		
<b>If deemed incomplete, was it deemed as such at the counter, by letter, or email (Circle One)?</b> <b>If by letter or email, when was it mailed by USPS or emailed?</b> _____ <b>If deemed incomplete at the counter, when was this checklist with items circled given to the applicant?</b> _____		
<b>If deemed <u>incomplete</u>, what is the 90-day deadline for resubmittal of requested items and/or revisions?</b> _____		
<b>If deemed incomplete, who deemed it as such?</b> _____ <b>(Please include the letter /email in the file detailing what additional items or revisions are still needed).</b>		
<b>If the application is deemed complete, what is the date it was deemed complete &amp; who deemed it as such?</b> _____		