



San Juan County  
**Community Development & Planning**  
 135 Rhone Street P.O. Box 947 Friday Harbor, WA 98250  
 (360) 378-2354 (360) 378-2116 Fax (360) 378-3922  
 www.sanjuanco.com

Permit # \_\_\_\_\_

It is the permit holder's responsibility to renew their permit each year on this date. Failure to do so may result in revocation.

IssueDate: \_\_\_\_\_

**PERMIT APPLICATION**

**PLEASE CHECK THE APPROPRIATE BOX(es)**

**BUILDING**    **PLUMBING**    **MECHANICAL**    **REVISION**    **DEMOLITION**    **MODULAR**

ESTIMATED VALUATION:

PROPERTY INFORMATION:

\$ \_\_\_\_\_

Tax Parcel Number \_\_\_\_\_

**Island:** \_\_\_\_\_

**Street Address (if assigned):** \_\_\_\_\_

**Description of Project/Work:** \_\_\_\_\_

**APPLICANT INFORMATION:**

Name of Owner(s): \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**CONTRACTOR(S) AND DESIGNER INFORMATION:**

GENERAL CONTRACTOR, OR OWNER/CONTRACTOR	MAILING ADDRESS, ZIP	PHONE	LICENSE #
PLUMBING CONT. OR OWNER/CONT. (if applicable)	MAILING ADDRESS, ZIP	PHONE	LICENSE #
MECHANICAL CONT. OR OWNER/CONT. (if applicable)	MAILING ADDRESS, ZIP	PHONE	LICENSE #
ARCHITECT, ENGINEER, OR DESIGNER OF RECORD	MAILING ADDRESS, ZIP	PHONE	E-MAIL or FAX #

**CONTACT INFORMATION/AGENT (This is the person to be contacted about this permit application)**

CONTACT PERSON \_\_\_\_\_ MAILING ADDRESS, ZIP \_\_\_\_\_ PHONE \_\_\_\_\_ E-MAIL or FAX # \_\_\_\_\_

Building Application Type				# ea.	Plumbing Fixtures	Mechanical Equip.	# ea	x	Fee	=	Amt.	
	New	Addition	Remodel									
Commercial					Toilet, Urinal, Bidet	HVAC; Furnace, Boiler, Air Handler		x	\$20	=		
Residence					Sinks	Non-Elect Unit Heater & Zero-Clear FP		x	\$20	=		
Garage/Shop					Shower, Bathtub	Kitchen Hood/ ductwork (residential)		x	\$17	=		
Accessory					Dishwasher	Kitchen Hood/ ductwork (commercial)		x	\$105	=		
Change of Use:					Clothes washer	Exhaust Fans / ductwork		x	\$7.50	=		
Other (Specify):					Floor Drain	Clothes Dryer		x	\$11.50	=		
Revision - Original Permit #:					Radiant Floor Piping	Wood/Pellet Stove/FP insert		x	\$17	=		
Square Feet	Type of Floor Areas Being Permitted				Water Heater	Wood Stove Piping		x	\$7.50	=		
	Commercial				Hose Bib	LPG or Fuel Oil Tank		x	\$11.50	=		
	Residential				Modular (Under-Floor)	Underground Fuel Oil/LPG piping		x	\$11.50	=		
	Garage/Shop/Shed/Barn				Other:	Gas Outlets (Enter #1 for first 4 outlets)		x	\$6.50	=		
	Un-Finished Basements				Total x 11.00 =	Additional Outlets (ea. Outlet over 4)		x	\$2.00	=		
	Uncovered Porches/Decks				Process Fee: + 33.25	Oil / Kerosene Heater		x	\$11.50	=		
	Covered Porches/Decks				Plumbing Permit Fee*:	Other:		x		=		
	Greenhouse/Sunroom				DRIVEWAY PERMIT #: _____ WATER AVAILABILITY #: _____ SEPTIC DESIGN #: _____ TOTAL # OF BEDROOMS: _____ R.P.A. (or other land use permit) #: _____						SUBTOTAL: _____ Process Fee: + 33.25 Mechanical Permit Fee*: _____	
	Other:										SHORELINE: YES <input type="checkbox"/> NO <input type="checkbox"/>	
	Total											
Disturbed Land Area:					sq. ft.							

\*Minimum Fee for Stand-Alone Plumbing and/or Mechanical Permits is \$105.00

SHORELINE EXEMPTION (shoreline parcels Residential Use Only)

If the proposed construction is within an area subject to the requirements of the Shoreline Master Program:

Yes	No	(Check box if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	Is the property owned by a corporation?
<input type="checkbox"/>	<input type="checkbox"/>	Is the building permit application in a corporate name?
<input type="checkbox"/>	<input type="checkbox"/>	Is the proposed residence to be sold? Is the proposed residence to be rented?
<input type="checkbox"/>	<input type="checkbox"/>	Will the land disturbing activities (grading, excavation, fill, etc.) exceed 7000 square feet?
<input type="checkbox"/>	<input type="checkbox"/>	Do you own a single family residence on any other waterfront parcel in San Juan County?

OWNER/CONTRACTOR DECLARATION\* (Check box if applicable)

I am the (an) owner of this property and intend to perform the work covered by this permit as an Owner Contractor and wish to be exempt from the requirements of the Washington State Contractor's Act, per RCW 18.27.090, and will abide by all provisions and conditions of the exemption as stated.

I agree that if I use the assistance of any person(s) to provide labor, materials and/or any assistance on any aspect(s) of the construction, alteration or repair authorized by the building permit, the aggregate compensation for which equals or exceeds \$500, I will retain only contractor(s) registered and currently licensed as required under the laws of the State of Washington. I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

**\*(Legal Owner must sign the application for this to be valid)**

LENDER INFORMATION NOTICE:

Effective 4/1/92, per RCW 19.27.095, all building permit applications must include the name, address, and phone number of the office of the lender administering the interim construction financing, if any; or the name and address of the firm that has issued a payment bond on behalf of the prime contractor for the protection of the owner, if the bond is for an amount not less than fifty percent of the total amount of the construction project. (Keep in mind that contractors are only required to carry a bond amount of \$6,000 in order to be licensed.)

Name of Lender (or contractor if applicable)	COMPLETE ADDRESS	PHONE NUMBER
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UTILITY NOTIFICATION CERTIFICATION:

**APPLICANT CERTIFIES BY SIGNING THIS APPLICATION THAT HE/SHE WILL PHONE 1-800-424-5555, (24 hour Utility Location Center) TO LOCATE UTILITIES PRIOR TO EXCAVATION.** San Juan County CD&P will not accept any responsibility on behalf of applicants failing to comply with the requirement to contact the appropriate utility companies. Any resultant action for failure to perform, including action necessary to make corrections or prevent liability to the county will be the sole responsibility of the owner, permit applicant, or authorized agent as noted herein.

PLAN REVIEW AND PERMIT EXPIRATION NOTICES:

1. Unless otherwise extended by the building official, the plan review associated with this application becomes null and void if a permit is not issued within 180 days of the application date.
2. Unless otherwise extended by the building official, permits issued as a result of this application become null and void if work or construction authorized is not commenced within 180 days of issuance or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced.
3. Permits are subject to an annual permit renewal fee and shall expire if this fee has not been submitted on the permit's anniversary date.

REQUIRED ACCESS FOR INSPECTIONS NOTICE:

**ISSUANCE OF THIS BUILDING PERMIT automatically conveys to CD&P, and/or its authorized agents, the authority to enter the premises at reasonable hours for the purposes of inspecting the project for adherence to the terms of the permit, until such time as the project is complete AND the final inspection is approved.**

OWNER OR AUTHORIZED AGENT AFFIDAVIT:

**By signing this application the applicant affirmatively states that he/she is the (an) owner or an authorized agent of the owner(s).**

DECLARATION OF TRUE AND CORRECT APPLICATION AND ACCEPTANCE OF RESPONSIBILITY FOR CODE COMPLIANCE:

I declare under penalty of perjury under the laws of the State of Washington that I have read and examined this application and attachments and know the same to be true and correct. I agree that all provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. I understand that permits or inspections presuming to give authority to violate or cancel the provisions of any federal, state or local law, ordinance, or regulation, or permits issued in error on the basis of incorrect, inaccurate or incomplete information supplied by the applicant shall be invalid. I agree to pay plan review fees associated with this permit whether the permit is or is not issued.

\_\_\_\_\_  
 Signature of Applicant (Owner or Authorized Agent)  
 (Owner Signature required if box checked for Owner Contractor)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Legibly Printed Name of Applicant