



SAN JUAN COUNTY DEPARTMENT OF COMMUNITY DEVELOPMENT

135 Rhone Street, P.O. Box 947, Friday Harbor, WA. 98250 | (360) 378-2354 | (360) 378-2116 | Fax (360) 378-3922
cdp@sanjuanco.com | www.sanjuanco.com

BUILDING PERMIT APPLICATION

It is the permit holder's responsibility to renew their permit each year on its issue date until finalized. You will not be billed for this, so please keep track of your renewal date!



- Decks
- Workshops
- Fences
- Barns
- Garages
- Misc. Agricultural & Accessory Structures

1. **Completed Permit Application** (Purple) including Scope of Work Statement. An estimated **project valuation** must be entered at the top right of the application. A separate application is required for each structure. Enter quantities for SF and Mechanical & Plumbing equipment (if structure contains either or both).
 - a. Read the Utility Certification on page 2 of the permit application.
 - b. Mark the "SHORELINE" section indicating whether your development is within the shoreline jurisdiction (200' of the Ordinary High Water Mark (OHWM)). **IF YES**, complete the "Shoreline Exemption" section.
 - c. Mechanical & Plumbing information table filled out (if structure contains either or both).
 - d. Contractor information, including business name, address, phone, license number, OR Owner/Contractor checked and declaration signed in upper portion of 2nd page of the application.
 - e. Be sure the applicant or agent signs at the bottom of the application. If using an agent, an owner signature authorizing the agent is required.

2. **Environmental Health Review** – If your project is a new structure with plumbing for potable water, or if you are remodeling or expanding a structure and changing its use from Residential to Commercial, Accessory to Residential, or proposing an addition that results in creation of an ADU, a Water Availability Certificate is required. If your project includes plumbing, a Septic Design will need to be submitted and if you already have a septic system installed, you will need to provide the cover page from the last inspection.

Water Availability applications and Septic Designs must be submitted to Health & Community Services along with the associated fees PRIOR to submitting your permit application to DCD.

A copy of your receipt or a date-stamped cover page from your applications received by HCS must be included with your application if water availability and/or septic design and/or inspection is required.

Mail to: SJC HCS Department
PO Box 607
Friday Harbor, WA 98250

or Hand Deliver to: SJC HCS Department
145 Rhone St
Friday Harbor, WA

- a. **Water Availability** Approved Certificate of Water Availability (attach approved Health Department Water Certificate); OR Water Availability Application, under review by the Health Department (attach a copy of 1st your date-stamped application, or receipt); OR Structure has/requires no potable water. (Any change of use will require water availability review.)
 - b. **Septic Verification** Approved Septic Design; OR public sewer with letter of availability; OR Septic Design Application under review by Health; OR structure is not plumbed; OR no plumbing, additional bedrooms, or commercial kitchen proposed. If the structure contains plumbing, include the 1st page from the most recent septic inspection.
3. **Stormwater Management** (Required for all projects unless application is for an interior remodel)
 - a. "Impervious Surfaces Worksheet" must be completed and submitted – example provided.
 - b. Minimum 2 Requirement Certification, signed by applicant, if plan level is "Simple".
 - c. Stormwater Plan & Application if plan level based on worksheet results is "Small"; OR "Large"
 4. (GIS) Address Request / Review form (Required with all applications for E911 verification.)
 5. Energy Form (Not required for modular homes, internal remodel, or non-conditioned projects.)
 6. Construction Drawings as follows: (for info on "how to draw a site plan" or information needed on construction drawings, please refer to the website at <http://www.sanjuanco.com/dcd> (**Drawings should be no larger than 24 X 36**)
 - a. Complete site plan, including all existing & proposed structures (3 copies – one at 11 X 17 or 8 ½ X 11)
 - b. Profile plans (2 copies)
 - c. Construction drawing (2 copies) including foundation, framing layout, floor plan, and construction details. If engineering is required, please include 2 copies.
 7. Right of Way / Access / Driveway Permit: Public Works will contact you after submittal if this is required.

If you have any questions, please call (360) 378-2116, Monday – Friday, 8:00 am – 4:30 pm.

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BUILDING PERMIT CRITICAL NOTICES

CRITICAL NOTICES

1) ARCHAEOLOGICAL MATERIALS



IF ARCHAEOLOGICAL MATERIALS ARE OBSERVED WORK MUST BE STOPPED. Should archaeological materials (e.g. bones, shell, stone tools) or human remains be observed during ground-disturbing and construction activities, all work in the immediate vicinity should stop. San Juan County Community Development (360/378-2116) should be contacted immediately in order to assess the situation and determine how to preserve the resource(s). Compliance with all applicable laws pertaining to archaeological resources is required.

2) SHORELINE BUILDING APPLICANTS

Please indicate clearly on the plan sets, or attach separate sheets showing the profile views of all faces of the buildings in the 200 foot shoreline jurisdiction. You must also accurately show the slopes of the ground for each elevation, both before and after any grading. Cuts over 12 inches, and all fill, will be included in the height calculation.

3) NOT BUILT ON-SITE

If your structure is not being built on-site, you must contact Community Development Department to discuss how it will be brought to the islands and to your building site.



4) CALL BEFORE YOU DIG

You must phone the utility location center 24 hour hotline at **1-800-424-5555** to locate utilities prior to any excavation.



5) FIRE APPARATUS & EMERGENCY ACCESS

Fire Apparatus Access Road: A road that provides fire apparatus access from a fire station to a facility, building or portion thereof. This is a general term inclusive of all other terms such as fire lane, public street, private street, parking lot lane, access roadway, and driveways.

ALL ACCESS ROAD REQUIREMENTS 1. Maximum grade allowed:

A) Gravel driveway – 16.0 percent; B) Paved driveway – 22.0 percent

2. Minimum grade allowed – 1.0 percent
3. Minimum curve radius allowed – 50 feet
4. Minimum finished driveway width – 12 feet
5. Cul-de-sacs or hammerhead turnarounds constructed in accordance with County standards are to be located at a maximum of 1,000-foot intervals.
6. All dead-end Fire Apparatus Access Driveways that are more than 150 feet in length shall be provided with an approved cul-de-sac or hammerhead turn-around, constructed in accordance with diagrams provided in the policy and include no more than 150 feet from the end of the Fire Apparatus Access Driveway
7. Fire Apparatus Access Driveways shall be designed and maintained to support fire apparatus, and shall be provided with a surface providing all-weather driving capabilities.
8. All bridges, culverts greater than 24 inches in diameter, and elevated surfaces shall be designed to meet load limits as required for private roads.
9. Fire Apparatus Access Driveways shall be kept clear and unobstructed and maintained to provide the required 12 foot width and shall also be maintained to provide an unobstructed vertical clearance of 13 feet above the driveway surface. Prohibited obstructions include, but are not limited to, planters, retaining walls, medians, landscaping, brush, or other vegetation.
10. All gates or barriers where provided across Fire Apparatus Access Driveways shall be approved, installed, and regulated as provided by Section 503.5 of the international Fire Code.

Legally existing occupiable structures shall not be required to bring their existing driveways into compliance with this policy. Any questions regarding this should be directed to the San Juan County Fire Marshal, (360) 378-FIRE (3473).



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 cdp@sanjuanco.com | www.sanjuanco.com

BUILDING PERMIT APPLICATION

PERMIT NO.: _____

COMMERCIAL
 NEW CONSTRUCTION
 REMODEL
 ADDITIONAL SQUARE FTG
 MOVED STRUCTURE
 ACCESSORY
 MODULAR

PLEASE CHECK ALL THAT APPLY AND ENTER PROJECT VALUATION → \$ _____ **ESTIMATED VALUATION**

PROPERTY INFORMATION

Tax Parcel Number _____ **Shoreline:** **NO** **YES** (IF YES, ANSWER SHORELINE EXEMPTION QUESTIONS ON THE NEXT PAGE)

Island: _____ **Project Street Address (if assigned):** _____

Description of Project/Work: _____

APPLICANT INFORMATION

Name of Owner(s): _____ **Email:** _____

Mailing Address: _____ **Phone:** _____

City: _____ **State:** _____ **Zip:** _____

CONTACT/AGENT INFORMATION (THIS IS THE PERSON TO BE CONTACTED ABOUT MATTERS PERTAINING TO THIS PERMIT APPLICATION)

Name of Contact/Agent: _____ **Email:** _____

Mailing Address: _____ **Phone:** _____

City: _____ **State:** _____ **Zip:** _____

CONTRACTOR INFORMATION

OWNER CONTRACTOR (MUST SIGN DECLARATION ON REVERSE SIDE OF APPLICATION)

Name of Contractor: _____ **Email:** _____

Mailing Address: _____ **Phone:** _____

City: _____ **State:** _____ **Zip:** _____ **License #** _____

PROJECT INFORMATION

PERMIT TYPE & SQUARE FOOTAGE	Check All that Apply			QTY	FIXTURES	MECHANICAL EQUIPMENT	QTY	FEE	FOR STAFF
	New	Add'n	Remod.						
Enter SF for each:					Toilet / Urinal / Bidet	Furnace, Boiler, Air Handler, Oil Htr		\$20.00	=
Commercial Construction	_____	_____	_____	_____	Sinks	AC / Heat Pump	_____	\$20.00	=
Accessory/Residence	_____	_____	_____	_____	Shower / Bathtub	Kitchen Hood / Ductwork (residential)	_____	\$17.00	=
1 st Floor SF	_____	_____	_____	_____	Dishwasher	Kitchen Hood / Ductwork (commercial)	_____	\$105.00	=
2 nd Floor SF	_____	_____	_____	_____	Clothes Washer	Exhaust Fans / Ductwork	_____	\$ 8.00	=
3 rd Floor SF	_____	_____	_____	_____	Floor Drain	Clothes Dryer	_____	\$12.00	=
# of Bedrooms	_____	_____	_____	_____	Radiant Floor Piping	Wood, Pellet, or Gas FP/Stove/Insert	_____	\$17.00	=
Uncovered Porch	_____	_____	_____	_____	Water Heater	Chimney / Stove Pipe	_____	\$ 8.00	=
Uncovered Deck	_____	_____	_____	_____	Hose Bib	LPG or Fuel Oil Tank (Gal: _____)	_____	\$12.00	=
Covered Porch	_____	_____	_____	_____	Modular (Under-FI)	Underground Fuel Oil or LPG Piping	_____	\$12.00	=
Covered Deck	_____	_____	_____	_____	Other:	Gas Appliance Outlets	_____	\$12.00	=
Sunroom	_____	_____	_____	_____		Other: _____	_____	\$12.00	=
Unfinished Basement	_____	_____	_____	_____					
Attached Garage/Shop	_____	_____	_____	_____	FOR STAFF				
Change of Use	_____	_____	_____	_____	Total x \$11.00 _____				
Other: _____	_____	_____	_____	_____	Process fee: \$34.00			Process Fee: \$34.00	
Please attach any comments. Plumbing Permit Fee* subject to review. Mechanical Permit Fee* subject to review									

*Minimum fee for stand-alone Plumbing and Mechanical Permits is \$69.00

If Modular, # of Units _____
 Water Availability # _____
 Total # of Bedrooms: _____

Disturbed Land Area (sf) _____
 Septic Design # _____
 RPA or other Permit #: _____

SHORELINE EXEMPTION: Shoreline Parcels – only applies if proposed construction is within an area subject to the requirements of the Shoreline Master Program

- | | | |
|--------------------------|--------------------------|---|
| Yes | No | |
| <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"/> | Do you own a single family residence on any other waterfront parcel in San Juan County? |

**Owner/Contractor
sign here**

STOP: If you answered yes to any of these questions, contact DCD for a Shoreline Permit Application.

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.**
Signature of Owner: _____

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. (Note 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 DCD 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.

IMPORTANT PLAN REVIEW AND PERMIT EXPIRATION NOTICES:

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.

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 365 days of issuance or if construction or work is suspended or abandoned for a period of 365 days at any time after work is commenced.

Permits are subject to an annual permit renewal fee and **shall expire if the fee is not submitted by the permit's anniversary date.**

REQUIRED ACCESS FOR INSPECTIONS NOTICE:

Issuance of this building permit automatically conveys to DCD, 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.

WHEN YOUR PERMIT IS READY TO ISSUE THE OWNER AND/OR AGENT WILL BE NOTIFIED BY E-MAIL WITH THE FEE AMOUNT DUE

Signature of Applicant (Owner or Authorized Agent)

Date

/

Legibly Printed Name of Owner / Agent



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BUILDING PERMIT APPLICATION

Project Scope of Work

PROPERTY INFORMATION

Tax Parcel Number		Owner:
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Please provide, in detail, your proposed scope of work; to include:

- 1) Detail of floors and intended use of each room
- 2) Whether it is new construction, remodel or addition, or a combination thereof. Include a breakdown of each, along with square footage of each floor.

RESIDENTIAL: Describe each area that is being built, remodeled, converted, or added to an existing structure.

Example: "first floor of SFR to remain the same, 600 sq. ft. garage to be converted to family room, 2nd floor of SFR to be remodeled" (describe mechanical, plumbing, insulation and wallboard installation or changes, ect.) and detail square footages and their intended uses.

COMMERCIAL: Same as residential, but also include square footage of each use, for each floor:

Example: "first floor = 500 sq. ft office + 1000 sq. ft retail = 1500 sq."
"second floor = 500 sq ft. office + 1000 sq ft. storage = 1500 sq ft."



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DEMO PERMIT APPLICATION

PROPERTY INFORMATION

Tax Parcel Number _____ Shoreline: YES NO
(IF YES, ANSWER SHORELINE EXEMPTION QUESTIONS ON REVERSE)

Island: _____ Project Street Address (if assigned): _____

Description of Project/Work: _____

APPLICANT INFORMATION

Name of Owner(s): _____ Email: _____
Mailing Address: _____ Phone: _____
City: _____ State: _____ Zip: _____

CONTACT/AGENT INFORMATION (THIS IS THE PERSON TO BE CONTACTED ABOUT MATTERS PERTAINING TO THIS PERMIT APPLICATION)

Name of Contact/Agent: _____ Email: _____
Mailing Address: _____ Phone: _____
City: _____ State: _____ Zip: _____

CONTRACTOR INFORMATION

OWNER CONTRACTOR (MUST SIGN DECLARATION ON REVERSE SIDE OF APPLICATION)

Name of Contractor: _____ Email: _____
Mailing Address: _____ Phone: _____
City: _____ State: _____ Zip: _____ License # _____

**DEMO FEE: \$105.00 PLUS \$6.50 STATE SURCHARGE TOTAL:

SHORELINE EXEMPTION: Shoreline Parcels – only applies if proposed construction is within an area subject to the requirements of the Shoreline Master Program

- Yes No Is the property owned by a corporation?
- Is the building permit application in a corporate name?
- Is the proposed residence to be sold? Is the proposed residence to be rented?
- Will the land disturbing activities (grading, excavation, fill, etc.) exceed 7000 square feet?
- Do you own a single family residence on any other waterfront parcel in San Juan County?

Owner/Contractor sign here

STOP: If you answered yes to any of these questions, contact DCD for a Shoreline Permit Application.

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.

Signature of Owner: _____

LENDER INFORMATION NOTICE:

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Name of Lender (or contractor if applicable)

COMPLETE ADDRESS

PHONE NUMBER

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 DCD 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.

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REQUIRED ACCESS FOR INSPECTIONS NOTICE:

Issuance of this building permit automatically conveys to DCD, 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.

WHEN YOUR PERMIT IS READY TO ISSUE THE OWNER AND/OR AGENT WILL BE NOTIFIED BY E-MAIL WITH THE FEE AMOUNT DUE

_____/_____
Signature of Applicant (Owner or Authorized Agent) *Date* *Legibly Printed Name of Owner / Agent*



Health & Community Services

San Juan County

P.O. Box 607 ♦ 145 Rhone, Friday Harbor, WA 98250

Phone: (360) 378-4474 Fax: (360) 378-7036

CERTIFICATE OF WATER AVAILABILITY APPLICATION INSTRUCTIONS

Revised 11/2016

San Juan County Health & Community Services reviews applications for Certificates of Water Availability to determine if the proposed water supply is adequate, based on the requirements listed below. Complete the Certificate of Water Availability form, attach the required information and fee and submit it to:

Mail to: SJC HCS Department
PO Box 607
Friday Harbor, WA 98250

or Hand Deliver to: SJC HCS Department
145 Rhone St
Friday Harbor, WA

If submitting for a building permit, please provide a date-stamped copy of the Water Availability application page or a receipt of submittal from Health with your building permit application.

8.06.140 Certificate of Water Availability - Building Permits

- A. Applicants for building permits for construction of new structures that contain plumbing fixtures dependent on potable water for their operation must obtain a certificate of water availability. Applications for "After the Fact" building permits shall be treated as a "new structure" for the purpose of requiring a certificate of water availability.
- B. Applicants for a building permit to remodel or expand an existing structure shall obtain a certificate of water availability when any of the following conditions exist:
 - 1. When the remodel/addition results in a change of use from a residence to a commercial structure or conversion of an accessory structure to a residential use.
 - 2. When the remodel/addition results in the creation of an accessory dwelling unit.

A. Individual Well

A legally constructed well with a minimum capacity of 200 gallons per day, meeting San Juan County drinking water standards. The following documentation is required:

- Water Well Report** (Well Log).
- Documentation that the well produces a minimum of 200 gallons per day.** Well log or a 4-hour pump test by a licensed professional.
- Inorganic chemical analysis:** The water must be analyzed for **arsenic, barium, fluoride, nitrate, sodium, chloride, and conductivity** by a state-accredited lab. Submit copy of lab report.
- Bacteriological test:** Attach lab report for a sample obtained within last 6 months.
- Site plan:** Attach site plan showing distances, in feet, from the well to property lines, easements, existing and proposed buildings, roads, septic systems, sewer lines, marine and fresh water, and include adjacent property within one hundred feet of the well.
- Well Site Inspection Report:** Attach copy of Well Site Inspection Report. *Required for wells drilled after October 1996.*
- Water Meter:** Initial application certifying that water meter has been installed. *Required for wells drilled after July 2007.*

B. Community Water Systems:

A community water system serves three or more residences on separate parcels or serves the public. Applicants proposing to connect to a community water supply must **obtain the purveyor's signature**. The water system purveyor (as listed on the current operating permit or water facilities inventory form) must complete and sign the section pertaining to community water systems on the back side of the *Certificate of Water Availability*.

Community systems must be in compliance with current state and county regulations and have capacity for a new connection. Certificates of Water Availability will not be issued on systems that are out of compliance.

C. Individual Alternative Water Source:

San Juan County recognizes several alternative water sources that individuals can utilize to demonstrate an adequate water supply for single-family residential use. Each of these systems requires specific design information be submitted and approved. **Requirements for alternative systems are available online (see below)**. All alternative water sources must record a declaration of covenant with the Auditor's office that indicates the water source is alternative and list all operation and maintenance requirements. Alternative water sources include: rainwater catchment; hauled water storage; desalination of seawater; arsenic, barium and/or fluoride treatment; and, an individual well producing less than 200 gallons per day

D. Seawater Intrusion Protection:

Individual wells located on properties less than 5 acres and meeting two or more of the risk assessment parameters listed below, must submit a surveyed wellhead elevation performed by a licensed surveyor, in addition to the above application requirements. This information will be reviewed to determine if a hydrogeologic report and/or mitigation is required.

Risk Assessment Criteria

<u>Location criteria</u>	<u>Groundwater Criteria</u>
1. Within 1000 feet of the shoreline, or	1. Wells completed in unconsolidated material: water level elevations less than 8 feet above sea level (based on NAVD 88), or
2. Within 1000 feet of wells with chloride levels greater than 160 ppm, or	2. Wells completed in bedrock: pumping water level below sea level, or
3. Within 1000 feet of wells with changes in chloride levels greater than 20 ppm	3. Well tests 100 ppm or greater for chloride; or changes in chloride levels greater than 20 ppm, or
	4. Well chemical analysis confirms chloride from sea water intrusion

E. Special Requirements:

1. All commercial structures providing water to the public and/or employees must be served by an approved public water system.
2. All Accessory Dwelling Units (ADU) must utilize the same water supply as the main residence per San Juan County Code 18-40-240 F 3.

Note: See sanjuanco.com for Polaris mapping application and Health Department Drinking Water Program documents, including approved Certificates of Water Availability and information on alternative water sources.



Health & Community Services

San Juan County

P.O. Box 607 ♦ 145 Rhone, Friday Harbor, WA 98250

Phone: (360) 378-4474 Fax: (360) 378-7036

CERTIFICATE OF WATER AVAILABILITY APPLICATION

Certificate Number: _____

- Certificates of Water Availability are issued for building permits where water availability must be determined and are valid only for the related building project. Approval is valid for one year from the date issued.
- Incomplete applications will be held for 90 days after review and request for additional information. After 90 days a new application will be required.
- Complete this application and ***SUBMIT TO HEALTH & COMMUNITY SERVICES WITH THE APPLICATION FEE.***

PROPERTY INFORMATION:

Tax Parcel Number: _____ Property Size (acres): _____

Island: _____ Subdivision: _____ Lot Number: _____

Location Address _____ Zip Code: _____

APPLICANT INFORMATION:

Name of Applicant(s): _____

Telephone: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

- Building Permit is for:** New Residence ADU - Attached ADU - Detached
- Commercial Structure: _____
- Other New Structure: _____

Water Source: Community Water Individual Well Alternative: _____

_____ I hereby certify that a **water meter** has been installed (required for individual wells drilled after July 2007)

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this project will be complied with whether specified herein or not. I understand that granting this approval does not presume to give authority to violate or cancel provisions of any other state or local laws.

Signature of Applicant

Date

Signature of Designer/Agent

Date

Applicant/Owner Name(s)

Parcel #

Certificate Number: _____

Community Water System:

This section is to be completed by the water system purveyor.

The _____ community water system is currently approved for _____ connections and is serving _____ connections. This system will supply parcel # _____ with _____ connection(s). This approval is for the purpose of issuing a building permit only and does not supersede requirements of the community water system. This approval is for (check all that apply):

- New Residence ADU - Attached ADU - Detached
- Commercial Structure
- Other New Structure with plumbing

Purveyor's Name: _____ System _____

Purveyor Title: _____ Phone #: _____

Mailing Address: _____ Email: _____

Purveyor Signature: _____ Date: _____

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Health Department comments: _____

- Water Supply is adequate Water Supply is inadequate

Signature of Health Official

Date



Public Works Department

SAN JUAN COUNTY EROSION CONTROL MINIMUM #2 REQUIREMENTS

(RETAIN THIS DOCUMENT FOR REFERENCE)

THE 12 ELEMENTS OF MINIMUM REQUIREMENT #2

Compliance with these twelve elements is the minimum requirement applicable to all projects in San Juan County. Please keep this list at the project site to ensure that your site is being maintained accordingly.

Element 1: Mark Clearing Limits

Prior to beginning land disturbing activities, including clearing and grading, all clearing limits, sensitive areas and their buffers, and trees that are to be preserved within the construction area should be clearly marked, both in the field and on the plans, to prevent damage and offsite impacts.

Element 2: Establish Construction Access

Construction vehicle access and exit shall be limited to one route if possible. Access points shall be stabilized with quarry spall or crushed rock to minimize the tracking of sediment onto public roads. Public roads shall be cleaned thoroughly at the end of each day.

Element 3: Control Flow Rates

Properties and waterways downstream from development sites shall be protected from erosion due to increases in the volume, velocity, and peak flow rate of stormwater runoff from the project site. Any flow control facilities, if required, shall be functional prior to construction of site improvements, and protected from siltation during the construction phase.

Element 4: Install Sediment Controls

The duff layer, native topsoil, and natural vegetation shall be retained in an undisturbed state to the maximum extent practicable. Sediment ponds, vegetated buffer strips, sediment barriers or filters, dikes, and other protective measures intended to trap sediment on-site shall be constructed as one of the first steps in grading. These protective measures shall be functional before other land disturbing activities take place.

Element 5: Stabilize Soils

All exposed and unworked soils shall be stabilized by application of effective protective measures that protect the soil from the erosive forces of raindrop impact and flowing water, and wind erosion. From October 1 through April 30, no soils shall remain exposed and unworked for more than 2 days. From May 1 to September 30, no soils shall remain exposed and unworked for more than 7 days. Applicable practices include, but are not limited to, temporary and permanent seeding, sodding, mulching, plastic covering, soil application of polyacrylamide (PAM), early application of gravel base on areas to be paved, and dust control. Soil stockpiles must be stabilized and protected with sediment trapping measures.

Element 6: Protect Slopes

Cut and fill slopes shall be designed and constructed in a manner that will minimize erosion. Consider soil type and its potential for erosion. Divert drainage, including stormwater from off-site, from flowing over the slope. Diverted flows shall be redirected to the natural drainage location at or before the property boundary. Contain collected flows in pipes, slope drains, or protected channels. Check dams, or partial barriers, typically constructed

of rock or pea-gravel filled bags, shall be placed at regular intervals to reduce the flow velocity within trenches that have a gradient greater than 4%. Stabilize soils on slopes, as specified in Element #5.

Element 7: Protect Drain Inlets

All storm drain inlets made operable during construction shall be protected so that stormwater runoff shall not enter the conveyance system without first being filtered or treated to remove sediment.

Element 8: Stabilize Channels and Outlets

Stabilization, including armoring material such as rock, adequate to prevent erosion of outlets, adjacent streambanks, slopes and downstream reaches shall be provided at the outlets of all conveyance systems.

Element 9: Control Pollutants

All pollutants, including waste materials and demolition debris, that occur on-site during construction shall be handled and disposed of in a manner that does not cause contamination of stormwater. Management of pH-modifying sources shall prevent contamination of runoff and stormwater collected on the site. These sources include, but are not limited to, bulk cement, cement kiln dust, fly ash, new concrete washing and curing waters, waste streams generated from concrete grinding and sawing, exposed aggregate processes, and concrete pumping and mixer washout waters.

Element 10: Control De-Watering

All foundation, vault, and trench de-watering water, which has similar characteristics to stormwater runoff at the site, shall be discharged into a controlled conveyance system, prior to discharge to a sediment trap or sediment pond.

Element 11: Maintain BMPs

Best Management Practices (BMPs) are activities, protective measures, and maintenance procedures that, when used singly or in combination, prevent or reduce the impacts of erosion and sediment transport. All temporary and permanent erosion and sediment control BMPs shall be maintained and repaired as needed to assure continued performance of their intended function. Sediment control BMPs shall be inspected weekly or after a runoff-producing storm event during the dry season and daily during the wet season. All temporary erosion and sediment control BMPs shall be removed within 30 days after final site stabilization is achieved or after the temporary BMPs are no longer needed. Trapped sediment shall be removed or stabilized on site. Disturbed soil areas resulting from removal of BMPs or vegetation shall be permanently stabilized.

Element 12: Manage the Project

Phasing of Construction - Development projects shall be phased where feasible in order to prevent, to the maximum extent practicable, the transport of sediment from the development site during construction. Revegetation of exposed areas and maintenance of that vegetation shall be an integral part of the clearing activities for any phase. Clearing and grading activities shall minimize removal of existing trees and minimizing disturbance/compaction of native soils except as needed for building purposes. If clearing and grading are proposed between October 1 and April 30, silt-laden runoff will be prevented from leaving the construction site by application of erosion and sediment control measures.

For additional information, refer to Volume II of the DOE Stormwater Management Manual for Western Washington. The Manual is available at: <http://www.ecy.wa.gov/programs/wq/stormwater/manual.html>



Impervious Surface Worksheet

San Juan County Public Works

915 Spring st | Friday Harbor | WA | 98250

(360) 370-0500 www.sanjuanco.com/312/Community-Development

1.) Expected land-disturbing activity _____ Sq Ft Parcel Number _____
 Shoreline parcel (yes or no) _____ Open Permit #'s _____
 Permits within last 2 years _____ Land Use Designation: _____

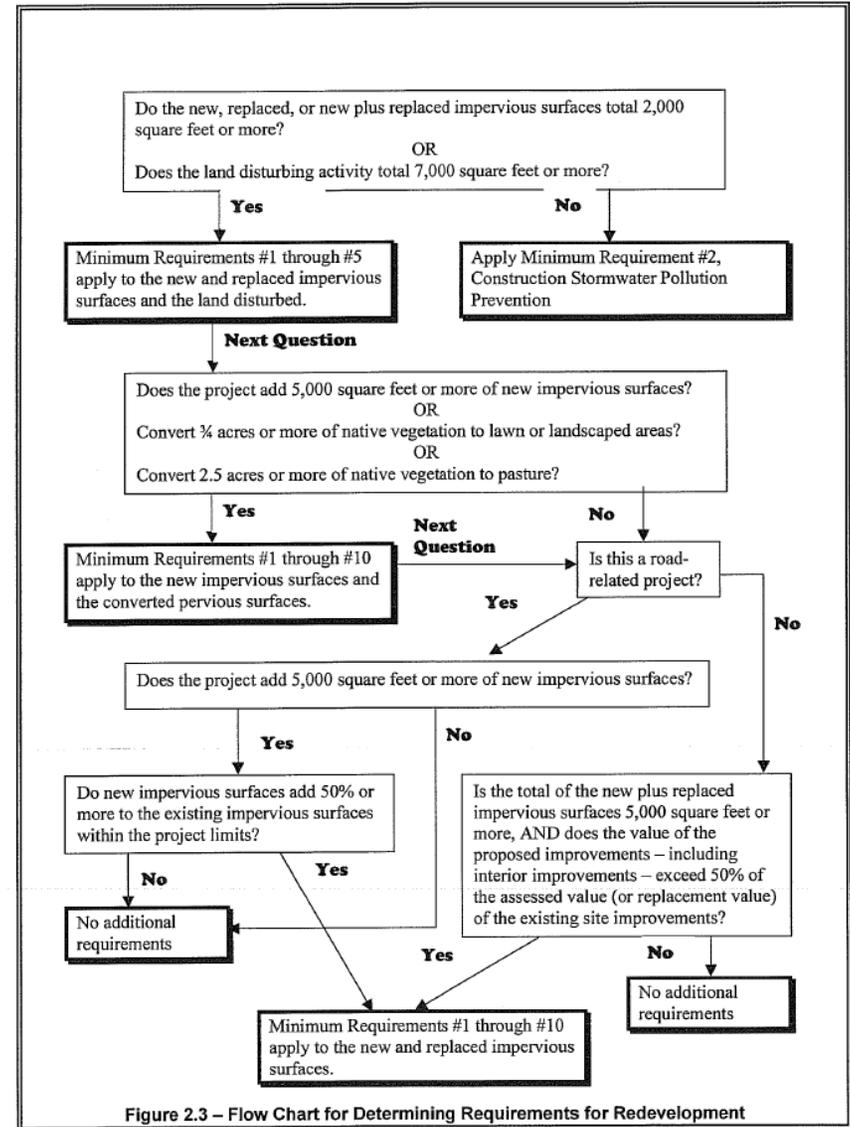
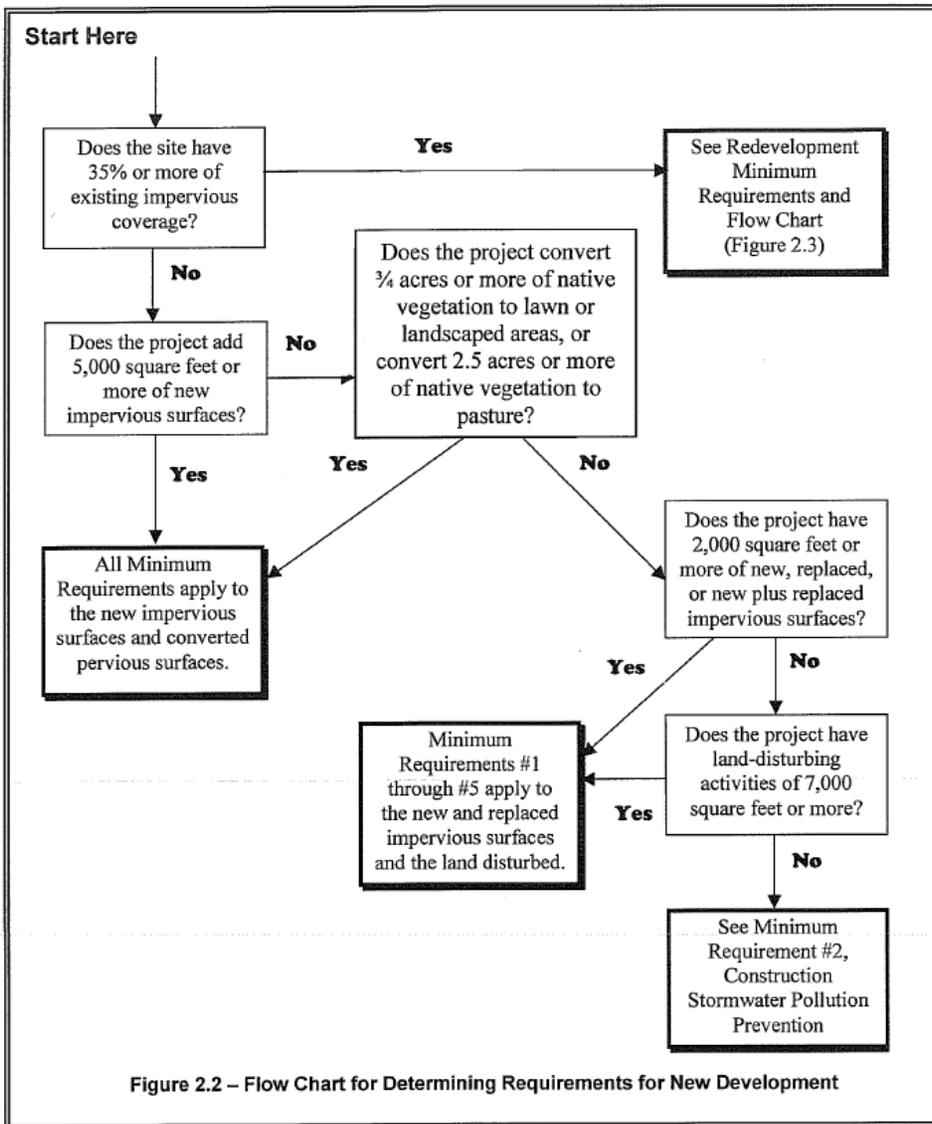
2.) Identify and list below all impervious surfaces (a surface that prevents or retards the entry of water into the soil such as ROOFTOPS, WALKWAYS, PATIOS, DRIVEWAYS, PARKING LOTS, CONCRETE, ASPHALT, OIL, MACADAM, GRAVEL) for your parcel below:

Type of Impervious or Hard Surface	Existing (Sq ft)	Proposed Replaced (Sq ft)	Proposed New (Sq ft)	Subtotal of NEW + REPLACED
House + Attached garage roof area				
Detached garage + carport roof area				
Accessory dwelling or structure unit roof area				
Patio + covered deck area				
Driveway + compacted gravel				
Parking area				
Sidewalk				
Other				
Other				
Other				
TOTALS				Ft Sq

	Stormwater Requirements	Fee
All projects with NEW + REPLACED impervious surfaces UNDER 2000 Sq ft <i>and</i> Total Land Disturbing Activities UNDER 7000 Sq ft	Minimum Requirement #2 certification	None
All projects with NEW + REPLACED impervious surfaces GREATER THAN 2000 Sq ft <i>and/or</i> Total Land Disturbing Activities GREATER THAN 7000 Sq ft	Minimum Requirements # 1-5 (Small Project)	245.00
All projects with EXISTING + NEW + REPLACED impervious surfaces GREATER THAN 5000 Sq Ft <i>or</i> CONVERT 3/4 ACRES OR MORE OF VEGETATION TO LAWN OR LANDSCAPED AREAS <i>or</i> CONVERT 2.5 ACRES OR MORE OF NATIVE VEGETATION TO PASTURE.	Minimum Requirement #1-10 (Larger Project)	245.00

TOTAL IMPERVIOUS SURFACES (Existing + New + Replaced)	Ft Sq
--	--------------

This Worksheet must be completed and submitted with your building permit application, along with applicable fees





SAN JUAN COUNTY DEPARTMENT OF COMMUNITY DEVELOPMENT

135 Rhone Street, P.O. Box 947, Friday Harbor, WA. 98250 | (360) 378-2354 | (360) 378-2116 | Fax (360) 378-3922
cdp@sanjuanco.com | www.sanjuanco.com

Public Works Department

ISSUE DATE: _____
PERMIT NO.: _____

STORMWATER MANAGEMENT PLAN REVIEW APPLICATION

- RESIDENTIAL COMMERCIAL PLAT CLEARING & GRADING

PROPERTY INFORMATION

Tax Parcel Number: _____ Land Use Designation: _____

Island: _____ Anticipated date of Construction: _____

Project Street Address (if assigned): _____

OWNER INFORMATION

Name of Owner(s): _____ Email: _____
Mailing Address: _____ Phone: _____
City: _____ State: _____ Zip: _____

CONTACT/AGENT INFORMATION (THIS IS THE PERSON TO BE CONTACTED ABOUT MATTERS PERTAINING TO THIS PERMIT APPLICATION)

Name of Contact/Agent: _____ Email: _____
Mailing Address: _____ Phone: _____
City: _____ State: _____ Zip: _____

ISSUANCE OF THE PERMIT ASSOCIATED WITH THIS APPLICATION automatically conveys to Community Development & the authority to enter the premises at reasonable hours for the purposes of inspecting the area of the proposed stormwater management system until such time as the project is complete.

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).

SIGNATURE OF ALL OWNERS OR AUTHORIZED AGENT:

DATE: _____

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PAYMENT AMOUNT RECEIVED: _____ RECEIVED BY: _____

DATE	HOURS	COMMENTS



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135 Rhone Street, P.O. Box 947, Friday Harbor, WA. 98250 | (360) 378-2354 | (360) 378-2116 | Fax (360) 378-3922
dcd@sanjuanco.com | www.sanjuanco.com

PERMIT APPLICATION

ISSUE DATE: _____
PERMIT NO.: _____

GIS ADDRESS REQUEST / E-911 REVIEW FORM

APPLICANT INFORMATION

Name of Owner(s): _____ Email: _____
Mailing Address: _____ Phone: _____
City: _____ State: _____ Zip: _____

CONTACT/AGENT INFORMATION (THIS IS THE PERSON TO BE CONTACTED ABOUT MATTERS PERTAINING TO THIS PERMIT APPLICATION)

Name of Contact/Agent: _____ Email: _____
Mailing Address: _____ Phone: _____
City: _____ State: _____ Zip: _____

PROPERTY INFORMATION

Tax Parcel Number _____ Island: _____
Project Street Address (if known): _____
If no address, name of the road the driveway is accessed from :

By signing this application form, you agree that Public Works personnel may enter the premises for mapping the location of the buildings and driveways.

OWNER or AGENT'S SIGNATURE: _____ Date: _____

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Verified address: _____

Newly assigned address: _____

No additional address required. Primary address at this location:

- Database Edit data Post data
- Mapped Address Notice
- Add data tool Street Address CD&P



SAN JUAN COUNTY DEPARTMENT OF COMMUNITY DEVELOPMENT

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dcd@sanjuanco.com | www.sanjuanco.com

Public Works Department

PERMIT NO.: _____

COUNTY ROAD RIGHT OF WAY REVIEW

APPLICANT INFORMATION

Name of Owner(s): _____ Phone: _____
Mailing Address: _____ City: _____
Email: _____ State: _____ Zip: _____

CONTACT/AGENT INFORMATION (PERSON TO CONTACT ABOUT THIS APPLICATION)

Name of Agent: _____ Phone: _____
Mailing Address: _____ City: _____
Email: _____ State: _____ Zip: _____

PROJECT LOCATION:

Tax Parcel Number: _____ Island: _____
Project Street Address (if known): _____
If no address, name of road driveway is access from: _____

PROJECT INFO - COUNTY ROAD RIGHT OF WAY

Driveway has access to County road? NO YES (check one box below)
 NEW CONSTRUCTION IMPROVE, MODIFY OR RELOCATE CURRENT ACCESS NO IMPROVEMENTS PLANNED
Construction access to County road? NO YES
Frontage improvements (CURB, GUTTER, SIDEWALK) along County road? NO YES
Utility work in County road Right of Way? WATER SEWER POWER PHONE/INTERNET OTHER
Other Work or Installations in County road Right of Way? NO YES (describe below)

SIGNATURE:

I certify that I am the owner or the authorized agent; I have reviewed the information provided and verify that is true and correct; I further signify that the owner grants permission for San Juan County employees to enter the premises for the purpose of permit inspections.

(SIGNATURE OF OWNER OR AUTHORIZED AGENT) (PRINTED NAME) (DATE)

FOR OFFICIAL USE ONLY

ADDITIONAL PERMITS REQUIRED
 ROW ACCESS ROW UTILITY ROW FRONTAGE IMPROVEMENTS ROW OTHER



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dcd@sanjuanco.com | www.sanjuanco.com

GEOTECHNICAL REPORT WAIVER REQUEST

APPLICANT INFORMATION

Name of Owner(s): Email:
Mailing Address: Phone:
City: State: Zip:

PROPERTY INFORMATION

Tax Parcel Number Island:
Project Street Address (if known):
If no address, name of the road the driveway is accessed from :

Property Owner or Agent(s) Statement: I confirm that this project meets the criteria necessary to waive a geotechnical report that are outlined in DCD’s Administrative Determination No. 2014-01. I understand that the permit will be conditioned as indicated on that determination and that the DCD Director may apply additional conditions to a permit or approval decision.

Waiver Criteria: If the structure, use, or activity:

- Creates:
i. Less than 2,000 square feet of impervious surface; and
ii. Less than 7,000 square feet of land disturbance (clearing, grading or compaction);
Is in a development area that contains Category II Geologically Hazardous Areas characterized by soils identified in the USDA Soil Survey of San Juan County, Washington, as having:
i. A high risk of erosion;
ii. A land capability subclass of “e;” and
iii. Slopes less than 15%;
Does not involve construction of structural shoreline stabilization measures, including seawalls and bulkheads; and
Meets the requirements of SJCC 18.35.065(B) Category II. (4) and (6).

Property owner or authorized agent

Date

For DCD Use: The project was reviewed. It meets or does not meet the geotechnical report waiver criteria.

DCD Staff

Date

18.35.065 Geologically hazardous areas - Protection Standards.

- B. Category II.
4. Development shall be located in accordance with the following:
a. Structures and improvements shall be sited, designed, and constructed to minimize cut and fill and to retain as much of the natural topographic character of the slope as possible; and
b. Structures and improvements shall be located to avoid the most hazard-prone portion of the proposed development area and to preserve vegetation necessary to prevent soil erosion.
6. To prevent soil erosion and destabilization of slopes, areas that are cleared or graded and that are not covered with structures or other improvements must be protected until replacement plantings are established. Temporary erosion and drainage controls may be required unless permanent restoration and protection are timed to ensure slope stability in the wet season.

AGENT AUTHORIZATION

We the undersigned hereby authorize _____

To act as our agent, and authorize them to apply for a _____
Type of permit

For the following parcels of land

Signature of all property owners:

_____ <i>Property owner signature (1)</i>	_____ <i>Date</i>	_____ <i>Property owner signature (2)</i>	_____ <i>Date</i>
_____ <i>Property owner name (printed)</i>		_____ <i>Property owner name (printed)</i>	
_____ <i>Property owner signature (3)</i>	_____ <i>Date</i>	_____ <i>Property owner signature (4)</i>	_____ <i>Date</i>
_____ <i>Property owner name (printed)</i>		_____ <i>Property owner name (printed)</i>	