



OKANOGAN COUNTY BUILDING DEPARTMENT
DAN HIGBEE, BUILDING OFFICIAL
123 NORTH 5TH - SUITE #115
OKANOGAN, WA 98840
(509) 422-7110 FAX (509) 422-7220

BUILDING PERMIT PROCEDURE

**THE OKANOGAN COUNTY BUILDING DEPARTMENT WILL NOT PROCESS
INCOMPLETE APPLICATIONS**

OR

START THE PLAN REVIEW PRIOR TO THE PLAN CHECK FEE BEING PAID

- **Contact** the Building Department for building construction issues **(509) 422-7110**
- **Contact** the Planning Department for land use issues, 911 Addressing & Water Availability **(509) 422-7160**
- **Contact** the Public Health Department for water adequacy and septic issues **(509) 422-7140**

APPLICATION PROCEDURE

- **Submit** a COMPLETE application; incomplete applications will be returned.
- **Provide** two (2) sets of building plans – ¼" scale with complete construction details
- **Provide** site information (flat site or slope with elevations)
- **Pay** the permit fees (**fees will be figured at submission- PLAN REVIEW FEE must be paid before review will begin.**)
- **Provide** Site Analysis approval from the Planning Department **w/ certificate water availability approval *if required***
- **Provide** Water Adequacy approval from Public Health ***if required***
- **Provide** Septic approval from Public Health ***if required***

ISSUANCE PROCEDURE

- **Permit** may only be issued after the above steps have been completed
- **Staff** will call when permit is ready to issue or has been issued

INSPECTIONS/PLAN CHANGES

- **Any** change or revisions to approved plans after permit is issued requires prior approval before construction can continue.
- **Call** for inspections **24 hours in advance minimum** for an inspection appropriate to your area.
(**Methow Valley** – Weds & Fri **Central/South Valley** – Mon – Fri **North Valley**- Tues & Thurs)
It is the responsibility of owner/contractor to call for required inspections.
- **Provide** Permit #, Name on Permit & Contact Information at the time of inspection request- **A CARD** is provided in your permit package to take with you for off-site inspection requests or questions regarding your permit.
- **Provide** safe and appropriate access to site
- **Have** approved plans and permit on-site or **inspection will not be completed**
- **Temporary** or Final inspection must be completed ***before*** occupying.

IMPORTANT INFORMATION – PLEASE READ

PERMIT ISSUANCE/INSPECTIONS/OCCUPANCY

2015 INTERNATIONAL BUILDING AND INTERNATIONAL RESIDENTIAL CODE

Permit Applications shall remain valid for a period of not more than one (1) year from date received. *Applications exceeding 1 year from the date of filing will not be extended.*

R105.3.1- Action on application. The building official shall examine or cause to be examined applications for permits and amendments thereto within a reasonable time after filing. If the application or the construction documents do not conform to the requirements of pertinent laws, the building official shall reject such application in writing, stating the reasons therefor. If the building official is satisfied that the proposed work conforms to the requirements of this code and laws and ordinances applicable thereto, the building official shall issue a permit therefor as soon as practicable.

It shall be the duty of the person doing the work authorized by a permit to notify the building department that such work is ready for inspection.

The building department requires that every inspection be requested at least 24 hours before such inspection is desired.

It shall be the duty of the person requesting any inspection to provide access to and means for inspection of such work.

No work is to be done on any part of the building or structure beyond the point indicated in each successive inspections without first obtaining the approval of the building inspector. Such approval will be given only after an inspection has been made of each successive step in the construction.

Changes in the character or use of a building shall not be made without approval by the building official.

R110.1- Use and occupancy. No building or structure shall be used or occupied, and no change in the existing occupancy classification of a building or structure or portion thereof shall be made until the building official has issued a certificate of occupancy therefor as provided herein. Issuance of a certificate of occupancy shall not be construed as an approval of a violation of the provisions of this code or of other ordinances of the jurisdiction. Certificates presuming to give authority to violate or cancel the provisions of this code or other ordinances of the jurisdiction shall not be valid.

Exceptions:

1. Certificates of occupancy are not required for work exempt from permits under Section R105.2.
2. Accessory buildings or structures.

Permit Renewals (Effective 3/4/97 by motion of Okanogan County Commissioners):

The Okanogan County Building Department will allow a permit to stay active for eighteen (18) months after issuance. If the project cannot be finished in 18 months the applicant must apply in writing for another six month extension for a fee of \$100, if the project is still not complete within that six month extension the applicant must renew the permit by applying in writing for a one year extension and 1/2 the original permit fee will be due, after those initial extensions have expired the permit will expire and a new permit will be required. This will give the applicant three years to complete the project. If the project cannot be completed within three years, a new completed permit application and fees must be submitted.

OKANOGAN COUNTY BUILDING DEPARTMENT

123 North 5th- Rm #115
 Okanogan, WA 98840

PERMIT APPLICATION

Phone: (509) 422-7110
 Fax: (509) 422-7220

Did you receive a letter regarding building without a permit? YES No

Process #: _____
 Rec'd By: _____

| Home Owner Information | | | Licensed Contractor Information | |
|-----------------------------------|--------|-----------|---------------------------------|--------|
| PLEASE FILL OUT COMPLETELY | | | | |
| Name: | | | Name/Company: | |
| Address: | | | Business Address: | |
| City: | State: | Zip Code: | Phone # | Cell # |
| Phone#: | | | Email: | |
| Email: | | | License #: | |

OWNER/BUILDER INFORMATION

I certify that I, as owner/builder am exempt from the requirements of the state contractor's registration law, under RCW 18.27.090. I have read, understand and will comply with the terms of the Building Permit.

Property Owner Signature: _____

CONTACT INFORMATION

Name: _____ Phone #: _____

Invoice Fees To: _____ Will Pick Up Send Permit Postage Fees Apply

PROPERTY INFORMATION

Parcel # : _____

Physical Address: _____ City: _____

BUILDING INFORMATION

FOR OFFICE USE ONLY

Property Use: _____ Valuation: \$ _____ Contractor Bid: \$ _____

Residential Non-Residential Cannabis Facility

TYPE OF CONSTRUCTION

- | | | | | |
|--|---------------------------------------|--|--|--|
| <input type="checkbox"/> House (SFD) | <input type="checkbox"/> 60 Day Cabin | <input type="checkbox"/> Modular/FND | <input type="checkbox"/> Yurt | <input type="checkbox"/> Garage w/Living Space |
| <input type="checkbox"/> Garage | <input type="checkbox"/> Carport | <input type="checkbox"/> Storage | <input type="checkbox"/> Shop | <input type="checkbox"/> Barn <input type="checkbox"/> Deck |
| <input type="checkbox"/> Repair | <input type="checkbox"/> Addition | <input type="checkbox"/> Remodel | <input type="checkbox"/> Move | <input type="checkbox"/> Pool <input type="checkbox"/> Stove |
| <input type="checkbox"/> Fire Sprinkler/Alarm System | <input type="checkbox"/> Foundation | <input type="checkbox"/> Mech/Plumbing | <input type="checkbox"/> Renewal of Permit _____ | |
| <input type="checkbox"/> Other (Specify) _____ | | | | |

PROJECT INFORMATION

Does this structure replace a former Building? Yes No

Type of Structure: Log Stick Pole Straw Masonry Other _____

of Bedrooms _____ # of Stories _____ # of Baths _____

Building Dimensions of all new construction (All floors including basement)

| | | | |
|------------------------|---|--|-----------------------------|
| X | = | | SQ Ft Basement |
| X | = | | SQ Ft 1 st Floor |
| X | = | | SQ Ft 2 nd Floor |
| X | = | | SQ Ft Gar/Carport |
| X | = | | SQ Ft Other/Decks |
| Total SQ Footage _____ | | | |

| Heat Source |
|--------------------------------------|
| <input type="checkbox"/> Furnace |
| <input type="checkbox"/> Electric |
| <input type="checkbox"/> Heat Pump |
| <input type="checkbox"/> Propane |
| <input type="checkbox"/> Wood |
| <input type="checkbox"/> Other _____ |

I hereby apply for a Plan Review and Building Permit. I have read all application materials. Two sets of Complete Plans accompany this application. The above information is true and correct to the best of my knowledge.

➤ Signature _____

➤ Date _____

THIS SIDE FOR OFFICE USE ONLY

| Approvals Needed | Application Activity | Occupancy |
|--|----------------------|----------------------|
| Septic Yes <input type="checkbox"/> No <input type="checkbox"/> | Application Taken By | Occ. Classification |
| Water Yes <input type="checkbox"/> No <input type="checkbox"/> | Plans Reviewed By | Type of Construction |
| Planning Yes <input type="checkbox"/> No <input type="checkbox"/> | Fees Figured By | Maximum Occ. |

BUILDING DEPARTMENT APPROVAL INFORMATION

Plan Review Sign Off _____ *Date* _____

Comments/Conditions _____

| Addition/Adding Bedroom? |
|--|
| YES <input type="checkbox"/> NO <input type="checkbox"/> |
| <i>*Total Bedrooms on-site</i> |

Special Instructions _____

HEALTH APPROVAL

| | | | | |
|------------|------------|--|-------------------|--|
| Date _____ | Septic | Yes <input type="checkbox"/> No <input type="checkbox"/> | Permit #: _____ | # of Bedrooms _____ |
| Date _____ | Water | Yes <input type="checkbox"/> No <input type="checkbox"/> | Adequacy #: _____ | Historically Est. <input type="checkbox"/> |
| Date _____ | 60 Day Occ | Yes <input type="checkbox"/> No <input type="checkbox"/> | Permit #: _____ | Privy <input type="checkbox"/> Septic <input type="checkbox"/> |

(1) Phone Approval By: _____ *Date:* _____ *Received By:* _____

(2) Phone Approval By: _____ *Date:* _____ *Received By:* _____

Conditions of Approval: _____

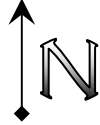
FEES INVOICE

| PERMIT FEES DUE | FEES PAID | ADDITIONAL FEES/NOTES |
|---|--------------------------------------|-----------------------|
| PLAN REVIEW (NON-REFUNDABLE) \$ _____ | AMT PD DATE | |
| PERMIT FEE \$ _____ | RECEIPT # CHK # | |
| STATE FEE \$ _____ | | |
| POSTAGE/OTHER \$ _____ | AMT PD DATE | |
| TOTAL FEES \$ _____ | RECEIPT # CHK # | |
| | | |
| | AMT PD DATE | |
| | RECEIPT # CHK # | |
| | | |
| | AMT PD DATE | |
| | RECEIPT # CHK # | |

******* DIRECTIONS TO PROPERTY*******

Written Directions to Property: _____

**PLEASE DRAW A MAP TO PROPERTY SITE- START WITH
THE NEAREST TOWN AND SHOW SIDE ROADS IN THE VICINITY.**



Items To Include On Your Construction Plans

Plans Must Be Drawn To Scale And Legible (1/4" = 1')

- **Foundations**
 - Footings – show depth, width, rebar * Walls- width, height, rebar * Slabs- residential/radon requirements * Piers- depth, width, height, rebar * Anchor Bolt- placement, size * Framing Anchors- size, placement * Crawlspace- ventilation, access * Ground Cover- 6 mil black plastic required * Pressure Treated Sill Plate- size
- **Floors**
 - Support Beam- show size, spacing, spans, grade & species * Pony Walls- height, size, spacing * Joists- size, spacing, spans, species, grade * Floor Sheathing- size, material
- **Walls**
 - Studs- show size, spacing, height, species, grade * Shearwalls- location, nailing * Exterior Sheathing- size, material * House Wrap- type * Siding – type * Wall Bracing- details, nailing * Headers- door, window, size, span
- **Roofs**
 - Ceiling Joist- show size spacing, spans * Rafters- detail, spacing, trusses, stick frame * Bearing- locations, points * Slopes- pitch * Sheathing- size, material * Attic- ventilation * Ridge, Valley, Hip- board size, beam * Roofing- type
- **Load Bearing Points**
 - Attachment- show connections * Hangars & Brackets- types * Glulam Heavy Beams Logs- size, spacing, span, grade, species
- **Floor Plans**
 - Door/Window- show placement, size * Bedrooms- smoke alarms, egress windows * Rooms- size, type (kitchen, bedroom, living room, etc) * Room Ceiling Heights- minimum 7 ft, minimum 6' 8" above bathroom fixtures * Locations Of- wood stoves, propane stoves, HVAC, water heater, appliances, plumbing fixtures * Ceiling- access * Stairs- location, cross section, rise, run, headroom, width, handrails, guard rails, height, spacing
- **Insulation**
 - Show - Walls, Ceiling, Floor, Slabs, R-values
- **Elevations Of Structure**
 - Show- North, South, East & West
- **Engineered & Architect Plans**
 - Provide- calculations, each page stamped & signed
- **Pole Buildings**
 - Post size- spacing, depth in around, diameter of hole – Truss spacing and attachment – Purlin & gurt size & spacing
- **Remodel**
 - Distinguish- new from existing

All changes or revisions to approved plans must be approved **PRIOR** to construction