



## Pend Oreille County

### Community Development Department

P. O. Box 5066 Newport, Washington 99156-5066 Phone: 509-447-4821

**Rick Cruse**  
Building Inspector/Fire Marshall

**Dennis Alliger**  
Building Inspector/Permit Tech

# RESIDENTIAL BUILDING PERMIT APPLICATION

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Addition/Remodel         | <input type="checkbox"/> Accessory Building | <input type="checkbox"/> Change of Use/Occupancy             |
| <input type="checkbox"/> HVAC Mechanical  | <input type="checkbox"/> Fireplace / Pellet Stove | <input type="checkbox"/> Plumbing           | <input type="checkbox"/> Other (write description on page 2) |

#### JOB SITE INFORMATION

Site Address:

Parcel #:

Subdivision:

Lot:

Fire District:

Legal Description:

#### PROPERTY OWNER CONSENT INFORMATION

Are you the property owner?

☐ Yes

☐ No

\*If you are not the property owner, you are required to submit a completed Landowner/Agent Consent Form.

#### BUILDING OWNER/APPLICANT

Name:

Mailing Address:

City:

State:

Zip:

Phone:

Fax:

Email:

#### GENERAL CONTRACTOR

Name:

Address:

City:

State:

Zip:

Phone:

Fax:

Email:

Contractor License #:

#### ENGINEER (if applicable)

Name:

Address:

City:

State:

Zip:

Phone:

Fax:

Email:

#### ARCHITECT (if applicable)

Name:

Address:

City:

State:

Zip:

Phone:

Fax:

Email:

#### PLUMBING CONTRACTOR (if applicable)

Name:

Address:

City:

State:

Zip:

Phone:

Fax:

Email:

**MECHANICAL CONTRACTOR (if applicable)**

Name:

Address:

City:

State:

Zip:

Phone:

Fax:

Email:

Contractor License #:

**WORK DETAIL**

Project Description:

**TOTAL PROJECT VALUATION (includes cost of labor and materials):**

\$

**Land Use Zone:****Occupancy Class:****Construction Type:****NEW CONSTRUCTION DETAILS (COMPLETE ALL THAT APPLY)**

Number of Bedrooms:

Decks/Covered Patios (sq ft):

Fire District:

Number of Bathrooms:

Average Height to Peak:

Septic Permit #:

Basement (sq ft):

Building Dimensions:

Water Source:

Well

City

Main Floor (sq ft):

Impervious Surface Area:

Second Story (sq ft):

Heat Source:

Floodplain

YES

NO

Total sq ft (all levels):

Garage (sq ft):

Critical Areas/Wetlands

YES

NO

**NOTICE****A separate permit is required for electrical through State of Washington Department of Labor & Industries.**

Per RCW 19.27.097, each applicant for a building permit of a building necessitating potable water shall provide evidence of an adequate water supply for the intended use of the building, and a water test. Evidence may be in the form of a water right permit from the Department of Ecology, a letter from an approved water purveyor stating the ability to provide water, or another form sufficient to verify the existence of an adequate water supply. Each applicant applying for a building permit in which sewage or wastewater may originate, shall obtain an on-site sewage disposal permit from Tri-County Health District prior to issuance of a building permit for said building. Please attach a copy of your approved on-site sewage disposal permit from Tri-County Health District.

**PERMIT FEES\***

Fees are established by the Board of County Commissioners and are subject to change. The review fee for this application is \$25.00, and is required to be attached to the application upon submittal (cash or check only). The building official will assign the total permit fee when plans of the project are reviewed, and the permit is ready to be issued. Permits are valid for one year from issue date and may be renewed for \$55.00 per year for a total of four additional times (maximum five years). Payment is to be made payable to Pend Oreille County (POC). Applications may be delivered to the Community Development Department at: 418 S. Scott Ave, Newport, WA 99156; or mailed to: P.O. Box 5066 Newport, WA 99156.

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 type of work will be complied with, whether specified herein or not. The granting of a permit does **not** presume to give authority to violate or cancel the provisions of any other federal, state, or local law regulating construction or the performances of construction.

**Signature:****Date:**



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# RESIDENTIAL BUILDING PERMIT APPLICATION CHECKLIST

## WHAT IS THIS?

The purpose of this checklist is to guide you through the process of obtaining a building permit for a residential structure or accessory structure (garage, interior remodel, etc.). Information contained below is not intended to be a comprehensive list of information required for obtaining your permit as requirements for specific buildings or uses may vary. It is intended to give you a general outline of the permitting process.

New residential construction in Pend Oreille County, Lone, Cusick, Usk, Metaline and Metaline Falls must conform to all adopted city, state, and federal codes, including but not limited to the 2018 International Residential, 2018 Mechanical and 2018 Fire codes, 2018 Uniform Plumbing code, the 2018 Washington State Energy code, subdivision, and various other local, state and federal laws. Design criteria 50 pounds per square foot minimum (snow load on the roof), Wind speed 110MPH, Seismic Zone Design Category C and Exposure C.

## PERMIT PROCESS

Following submittal of a complete application, staff will distribute the application to various departments for review and compliance with adopted county standards. The applicant will be notified of any additional information or changes needed to the project.

Upon completion of the project, in which all necessary inspections have been completed, necessary fees paid, and all permits/approvals have been given, a Certificate of Occupancy will be issued (if applicable) allowing occupancy of the structure.

## WHAT INFORMATION IS NEEDED

The following information must be provided. Should any of the following minimum information not be provided, the application may not be accepted nor processed. A complete application includes:

- |  |   |
|--|---|
| <input type="checkbox"/> Approved Site Evaluation Application (2 copies)                                 | <input type="checkbox"/> 2021 Washington State Energy Code Calculation Worksheets (2 copies)  |
| <input type="checkbox"/> Completed <i>Residential Building Permit</i> Application and \$25.00 review fee | <a href="https://www.energy.wsu.edu/buildingeconomy/energycode.aspx">https://www.energy.wsu.edu/buildingeconomy/energycode.aspx</a> |
| <input type="checkbox"/> Signed <i>Landowner Consent</i> Form (if applicant is not property owner)       | <input type="checkbox"/> Floor Joist Calculations including layout (2 copies, if engineered joists)                                 |
| <input type="checkbox"/> Building Plans (2 sets, see checklist)  | <input type="checkbox"/> Roof Truss Calculations including layout (stamped, 2 copies)   |
| <input type="checkbox"/> Engineered Brace Panel Detail (stamped, 2 copies)                               | <input type="checkbox"/> Septic, Water, & Sewer Disposal Information  |
|  | <input type="checkbox"/> Completed <i>Checklist</i> Required  |

## Potable Water

Per the Washington State Building Code (RCW 19.27.097), each applicant for a building permit of a building necessitating potable water shall provide evidence of an adequate water supply for the intended use of the building. Evidence may be in the form of:

- A water right from Washington Department of Ecology
- A letter from an approved water purveyor stating the ability to provide water
- A form sufficient to verify existence of an adequate water supply
  - A Well Log will satisfy this requirement

For **Public/Community Water Systems**, you will need to provide a letter or form from the water system owner or operator stating that their system is able and willing to supply potable water to your proposed building site and the location of the proposed building site has been reviewed. Please include the water system's identification number assigned by the Washington State Department of Health.

For **Private Wells**, potable water must be tested by a laboratory certified\* by the State of Washington and meet the following standards prior to issuance of a building permit:

- |  |   |
|--|---|
| <ul style="list-style-type: none"><li>• <b>Bacteria Test</b><ul style="list-style-type: none"><li>◦ Coliform Bacteria: None Present</li></ul></li><li>• <b>Inorganic Test</b><ul style="list-style-type: none"><li>◦ Arsenic: Not more than .01 mg/L</li></ul></li></ul> | <ul style="list-style-type: none"><li>• Lead: Not more than .015 mg/L</li><li>• Nitrate: Not more than 10 mg/L</li><li>• Uranium: Not more than 30 mg/L</li></ul> |
|--|---|

## Sewage Disposal

Per Washington State Law RCW 19.27.031 (4), RCW 43.20.050, WAC 246-271-020, WAC 246-272-20501, all plumbing fixtures, drains, appurtenances, and appliances used to receive or discharge liquid wastes or sewage shall be connected to the building's drainage system.

–AND–

Prior to issuance of a building permit for a building in which sewage or wastewater may originate, the applicant shall obtain:

- A letter or form from an approved sewer system owner or operator stating that their system is able and willing to accept sewage and/or wastewater from said building. The letter or form shall also state the owner or operator has reviewed the location of the proposed structure; OR
- An approved on-site sewage disposal permits from the Northeast Tri-County Health District (509) 447-3131

## WILL I NEED OTHER PERMITS/APPROVALS?

Additional permits and/or approvals may be required prior to the issuance of a building permit. If the building is located within a Special Flood Hazard Area (SFHA), A Floodplain Development Permit (FDP) from the Community Development Department will be required. SFHA's are determined by Flood Insurance Rate Maps (FIRMs) produced by the Federal Emergency Management Agency (FEMA). A floodplain determination will be made by the application reviewer as part of the Site Evaluation Application review.

Work in/or around critical areas like wetlands, aquifer recharge areas, rivers/streams, or steep slopes will require review and approval by the Community Development Department and may require review by the Washington Department of Fish and Wildlife and/or other agencies.

## WILL MY APPLICATION OR PERMIT EXPIRE?

Permits are valid for one year from issue date and may be renewed for \$55.00 per year for a total of four additional times (maximum five years). Permit fees, to be determined by the building inspector after plan review. The check is to be made payable to Pend Oreille County. Applications may be delivered to the Community Development Department at 418 South Scott Avenue, Newport, WA 99156 or mailed to P.O. Box 5066 Newport, WA 99156

## Forest Practice Act

Certain land use activity may require a Forest Practice Application/Notification (FPA/N) and a Notice of Conversion. Activities that may trigger Forest Practices regulations include:

1. Harvesting timber and selling for payment or trading for goods and services
2. Road construction (examples) > 600' in length
3. Crossing a stream within a Wetland or Riparian
4. Management Zone Road Maintenance (i.e., bridge or culvert replacement)

Contact WA DNR to see if a Forest Practice Application is required:  
Washington Department of Natural Resources  
Northeast Region  
225 S. Silke Rd.  
Colville, WA 99114  
(509) 684-7474

## STRUCTURAL PLAN SUBMITTALS

Req Sub

- ☐ ☐ **A. Site Evaluation Plan**
1. Minimum 8½"x 11" size paper
  2. North Arrow
  3. Geographic ID, or Property ID
  4. Actual property configuration including dimensions
  5. Adjacent street names
  6. Actual structural footprint of existing and proposed structures with dimensions identified, including all impervious surfaces (sidewalks, driveways, concrete patios, etc.)
  7. Existing and proposed building setbacks to property lines including dimensions
  8. Slopes in relations to buildings, including setbacks
  9. Distances (in feet) between existing and proposed primary and accessory structures.
  10. Location and dimensions of utility easements
  11. Location of sewer and potable water connection, including distances between the two
  12. Location and dimension of driveway approach
  13. Building footprint and square footage
  14. Site address
- ☐ ☐ **B. Elevations - Front, Sides, and Rear (Minimum 1/8" scale)**
1. With peak of roof and wall height including basement
- ☐ ☐ **C. Foundation Plan - Crawlspace, Basement, or Slab on Grade (Minimum 1/8" scale)**
1. Footing size, location, and depth to finished grade level
  2. Radon system with 6 mil vapor barriers
  3. Perimeter concrete foundation wall sizes
  4. Deck footings, posts, beams, size, location, and connections.
  5. Crawlspace ventilation
  6. Supporting wood cripple walls or beams
  7. Thickened concrete pads supporting beams or girder trusses.
  8. Horizontal and vertical reinforcement size and spacing
  9. Anchor bolt or hold down type, size, and spacing
- ☐ ☐ **D. Roof Plan (Minimum 1/8" scale)**
1. Slope, roofing material, underlay, ice barrier protection, and drip edge
  2. Sheathing type and size
  3. Truss or rafter size, spacing, and connections
  4. Engineered truss calculations
  5. Rafter and over frame direction, size and spacing
  6. Ridge, eave, and valley lines
  7. Beam and girder size and location
  8. Attic insulation, air space baffle, and ventilation
- ☐ ☐ **E. Ceiling Plan (Minimum 1/8" scale)**
1. Joist size and spacing
  2. Size and type of ceiling gypsum wallboard

- ☐ ☐ **F. Floor Plan - Each Level (finished or unfinished) with dimensions (Minimum 1/8" scale)**
1. Floor joist plans, size and spacing
  2. Header, beam, or concrete lintel sizes and types and garage door opening header size
  3. Brace wall line, bracing panel locations, types, and sizes
  4. Water heater and furnace locations
  5. Exhaust fan locations
  6. Deck or concrete patio sizes and locations
  7. Window and door locations and sizes
  8. Window well locations and sizes
  9. Room usage labels
  10. Smoke and carbon monoxide detector locations
  11. Attic and crawl space access locations
- ☐ ☐ **G. Wall (Minimum 1/8" scale)**
1. Height, top plate, stud size and spacing, sole plate
  2. Exterior sheathing size and type
  3. Siding, exterior house wrap
  4. Insulation, vapor barrier, and gypsum wallboard
  5. Garage portal framing
- ☐ ☐ **H. Miscellaneous Construction Details (Minimum 1/8" scale)**
1. Deck location with floor plan, side view, and dimensions
  2. Deck floor joist, decking direction, size and spacing
  3. Stairway tread rise and run, hand rail or guard rail height, spacing, and connections
- ☐ ☐ **I. 2021 Washington State Energy Code Forms**
1. 2021 Energy Code Calculations
  2. Window Glazing Schedule
  3. Certification of product rating/Specification sheets
  4. Heat sizing specifications

To fill the required forms, use the link listed below:  
<https://www.energy.wsu.edu/buildingefficiency/energycode.aspx>

**I hereby verify that I have read and examined this checklist and have submitted the information as noted on this checklist.  
 All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not.**

\_\_\_\_\_  
**APPLICANT SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PRINTED NAME**



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## MECHANICAL AND VENTILATION

JOB ADDRESS: \_\_\_\_\_

FURNACE BRAND: \_\_\_\_\_

FURNACE MODEL #: \_\_\_\_\_

ECM OR VARIABLE SPEED BLOWER? YES ☐ NO ☐

TOTAL CONDITIONED FLOOR AREA \_\_\_\_\_ SF

# OF BEDROOMS \_\_\_\_\_

REQ AIR FLOW \_\_\_\_\_ CFM

\*TABLE 403.8.1 \*TABLE 2A \*TABLE M1507.3.3 (1)

☐ CONTINUOUS VENTILATION

☐ INTERMITTENT VENTILATION

\* REFER TO TABLE 403.8.5.1 OR M1507.3.3 (2)

EFFICIENCY RATING \_\_\_\_\_ CFM / WATT

\* REFER TO TABLE R403.51

RUN % \_\_\_\_\_

FACTOR \_\_\_\_\_

INSTALLED AIR FLOW \_\_\_\_\_ CFM

### METHOD

☐ WHOLE HOUSE SUPPLY FAN

VOLUME \_\_\_\_\_ DUCT SIZE \_\_\_\_\_

WA ST AMENDED IMC 403.8.5.2  
WAC 51-51-1507 IRC SECTION M1507.3.4

\*REFER TO TABLE: IMC 403.8.5.2 OR IRC M1507.3.6.2 FOR SIZING  
\*PROVIDE SUBMITTAL FOR VERIFICATION

☐ WHOLE HOUSE EXHAUST FAN WITH OUTDOOR AIR INLETS

MAKE \_\_\_\_\_

MODEL \_\_\_\_\_

VENTILATION RATE AT .25 W.G. \_\_\_\_\_

SONE RATING AT .1 W.G. \_\_\_\_\_

WA ST AMENDED IMC 403.8.6  
WAC 51-51-1507 IRC SECTION M1507.3.4

\*PROVIDE SUBMITTAL FOR VERIFICATION

☐ INTEGRATED FORCED AIR SYSTEM

VOLUME \_\_\_\_\_ CFM

DUCT SIZE \_\_\_\_\_

WA ST AMENDED IMC 403.8.7  
WAC 51-51-1507 IRC SECTION M1507.3.5

WA STATE AMENDED IMC R403.5.1 **\*EXCEPTION\***

☐ FLEX DUCT

☐ RIGID DUCT

\*PROVIDE SUBMITTAL FOR VERIFICATION

☐ HEAT RECOVERY VENTILATOR (HRV / ERV)

MAKE \_\_\_\_\_

MODEL \_\_\_\_\_

VENTILATION RATE AT .25 W.G. \_\_\_\_\_

SONE RATING AT .1 W.G. \_\_\_\_\_

WA ST AMENDED IMC 403.8.6  
WAC 51-51-1507 IRC SECTION M1507.3.7

\*PROVIDE SUBMITTAL FOR VERIFICATION

☐ ALTERNATE SYSTEM DESIGN

MAKE \_\_\_\_\_

MODEL \_\_\_\_\_

VENTILATION RATE AT .25 W.G. \_\_\_\_\_

SONE RATING AT .1 W.G. \_\_\_\_\_

WA ST AMENDED IMC 403.8.11  
ASHRAE 62.2-2010

\*PROVIDE SUBMITTAL FOR VERIFICATION  
\*REFER TO TABLE 2A

TABLE M1507.3.3(1), 403.8.1, 2A					
(Square Feet)	NUMBER OF BEDROOMS				
	0 - 1	2 - 3	4 - 5	6 - 7	>7
	Airflow in CFM				
<1,500	30	45	60	75	90
1,501 – 3,000	45	60	75	90	105
3,001 – 4,500	60	75	90	105	120
4,501 – 6,000	75	90	105	120	135
6,001 – 7,500	90	105	120	135	150
>7,501	105	120	135	150	165

**TABLE R403.5.1**  
**MECHANICAL VENTILATION SYSTEM FAN EFFICACY**

FAN LOCATION	AIR FLOW RATE MINIMUM (CFM)	MINIMUM EFFICACY (CFM / WATT)	AIR FLOW RATE MAXIMUM (CFM)
Range Hood	Any	2.8 cfm/watt	Any
In-line fan	Any	2.8 cfm/watt	Any
Bathroom, utility room	10	1.4 cfm/watt	<90
Bathroom, utility room	90	2.8 cfm/watt	Any

**TABLE 403.8.5.2**  
**PRESCRIPTIVE SUPPLY FAN DUCT SIZING**

Specified Volume from Table 403.8.1	Minimum Smooth Duct Diameter	Minimum Flexible Duct Diameter
50-90 cfm	4 inches	5 inches
90-150 cfm	5 inches	6 inches
150-120 cfm	6 inches	7 inches
250-400 cfm	7 inches	8 inches

**TABLE M1507.3.3(2)**  
**INTERMITTENT WHOLE-HOUSE MECHANICAL VENTILATION RATE FACTORS<sup>a,b</sup>**

Run-Time Percentage in Each	25%	33%	50%	66%	75%	100%
Factor	4	3	2	1.5	1.3	1

a. For ventilation system run-time values between those given, the factors are permitted to be determined by interpolation.

b. Extrapolation beyond the table is prohibited





## LANDOWNER/AGENT CONSENT FORM

I (we), the undersigned owner(s) of record of *(geographic ID or property ID)* \_\_\_\_\_  
located at *(physical address)* \_\_\_\_\_, consent to and authorize  
*(agent name)* \_\_\_\_\_ to act on my behalf for the purposes  
of obtaining approval for *(development type)* \_\_\_\_\_  
submitted to Pend Oreille County.

I (we), as the landowner(s) of the above-described property understand and agree to the following:

- I (we) am/are the legal owner(s) of the subject property and may act on behalf of all interested parties, financial and otherwise.
- I (we) am/are responsible for all activities occurring on the subject property to which an application is made.
- That Pend Oreille County, its officers, and staff shall not be held liable for any activities arising from the actions of the above-named agent.

### **Owner Contact Information**

Property Owner(s): \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_

### **Applicant Information**

Authorized Agent: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_

### **APPLICANT SIGNATURE(S)**

**I certify that the information contained on this application is true, complete, and accurate to the best of my knowledge. I understand that the information will be used by Pend Oreille County for determining whether this proposal meets all development requirements.**

**PROPERTY OWNER**

\_\_\_\_\_  
**DATE:** \_\_\_\_\_

**AGENT/PRIMARY CONTACT**

\_\_\_\_\_  
**DATE:** \_\_\_\_\_