



# Commercial Building Permit Application

Planning & Development Services · 1800 Continental Place · Mount Vernon WA 98273  
 Main: 360-416-1320 · Inspections: 360-416-1330 · [www.skagitcounty.net/planning](http://www.skagitcounty.net/planning)

PROJECT INFORMATION				Project Valuation:	
Site Address: _____		City: _____		Zip: _____	
				Is this lot vacant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Parcel No(s): _____				Do you own the adjoining property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Scope of Work: _____					
Is this project attached to an adjoining structure? <input type="checkbox"/> Yes <input type="checkbox"/> No			Is this a change from the existing use? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Clear space around the structure (open space, parking lot, ex: 20 ft): N: _____ S: _____ E: _____ W: _____					
PERMIT TYPE					
<input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Tenant Improvement (TI) <input type="checkbox"/> Other: _____					
BUILDING TYPE					
<b>SECTION 1</b> <input type="checkbox"/> Commercial Building <input type="checkbox"/> Change of Use <input type="checkbox"/> Commercial TI	<b>SECTION 2</b> <input type="checkbox"/> Commercial Coach	<b>SECTION 3</b> <input type="checkbox"/> Accessory Structures <input type="checkbox"/> Agricultural Building <input type="checkbox"/> Foundation Only	<b>SECTION 4</b> <input type="checkbox"/> Shipping Container <input type="checkbox"/> Signs <input type="checkbox"/> Retaining Wall <input type="checkbox"/> Other: _____	<b>WIRELESS TOWERS</b> <input type="checkbox"/> New Tower <input type="checkbox"/> Tower Addition include Eligible Facility Request	
Complete Section 5 and 6, if applicable		<input type="checkbox"/> SECTION 5 – Plumbing		<input type="checkbox"/> SECTION 6 - Mechanical	
CONTACT INFORMATION			Primary Contact: <input type="checkbox"/> Applicant <input type="checkbox"/> Owner <input type="checkbox"/> Primary Contractor		
<b>Applicant/Contact</b>			<input type="checkbox"/> Payment Provider		
Name: _____		Phone No.: _____			
Mailing Address: _____		City: _____		State: _____ Zip: _____	
Email Address: _____					
<b>Property Owner</b>		<input type="checkbox"/> Same as applicant		<input type="checkbox"/> Payment Provider	
Name: _____		Phone No.: _____			
Mailing Address: _____		City: _____		State: _____ Zip: _____	
Email Address: _____					
<b>Primary Contractor</b>		<input type="checkbox"/> Same as applicant <input type="checkbox"/> Same as property owner(s)		<input type="checkbox"/> Payment Provider	
Name: _____		Phone No.: _____			
Mailing Address: _____		City: _____		State: _____ Zip: _____	
Email Address: _____		Contractor License No: _____		Exp.: _____	
<b>Plumbing Contractor</b>					
Name: _____		Phone No.: _____			
Mailing Address: _____		City: _____		State: _____ Zip: _____	
Email Address: _____		Plumbing License No: _____		Exp.: _____	

<b>Mechanical Contractor</b>				
Name: _____		Phone No.: _____		
Mailing Address: _____		City: _____	State: _____	Zip: _____
Email Address: _____		Mechanical License No: _____		Exp.: _____
<b>SECTION 1</b>	<b>Commercial Building, Change of Use</b>			<input type="checkbox"/> Does not apply to this project
Type of Construction: _____		Occupancy Type: _____		No. of Stories: _____
Building (SF): _____		Finished SF: _____	Unfinished SF: _____	Separations? <input type="checkbox"/> Yes <input type="checkbox"/> No
Heated Space? <input type="checkbox"/> Yes <input type="checkbox"/> No		Fire Sprinklers? Proposed <input type="checkbox"/> Yes <input type="checkbox"/> No		OR Existing <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe the current or recent use: _____				
Describe the proposed use: _____				
<b>Commercial Tenant Improvement and Building Addition</b>				
Tenant Improvement SF: _____		<input type="checkbox"/> 25% of Building Valuation <input type="checkbox"/> 50% of Building Valuation <input type="checkbox"/> 75% of Building Valuation		
Heated Space? <input type="checkbox"/> Yes <input type="checkbox"/> No		Fire Sprinklers? Proposed <input type="checkbox"/> Yes <input type="checkbox"/> No OR Existing <input type="checkbox"/> Yes <input type="checkbox"/> No		
Building Addition SF: _____		Addition Proposed Use: _____		
<b>SECTION 2</b>	<b>Commercial Coach</b>			<input type="checkbox"/> Does not apply to this project
Make: _____		Model: _____	Year: _____	# of Bedrooms: _____
Total SF: _____		Vehicle ID (VIN)#: _____		
Type: <input type="checkbox"/> Manufactured/Mobile <input type="checkbox"/> Modular (UBC)		Foundation SF ( <i>Modular Only</i> ): _____		
Installer: _____		Washington Installer Certification Tag ( <i>WAINS</i> ) #: _____		
<b>SECTION 3</b>	<b>Accessory Structures, Agricultural Building, Foundation</b>			<input type="checkbox"/> Does not apply to this project
Accessory Structure Type: _____		SF: _____	Length: _____	Width: _____
Agricultural Building Type: _____		SF: _____	Length: _____	Width: _____
Foundation Only SF: _____		Other: _____		
<b>SECTION 4</b>	<b>Shipping Containers, Signs, Retaining Wall, Other</b>			<input type="checkbox"/> Does not apply to this project
Description: _____				
# of Containers/Units: _____		Size of each container/Unit: _____		
Area or Distance: _____		<input type="checkbox"/> ft. or <input type="checkbox"/> sq. ft.		Other: _____
Type of Signage: _____		<input type="checkbox"/> Wall Sign <input type="checkbox"/> Monument Sign <input type="checkbox"/> Freestanding Sign		
No. of Signs: _____		Size of Sign: _____	x	Height of Sign: _____
Retaining Wall Linear Foot: _____		<i>(Over 4 feet only)</i> Height from bottom of footing to top of wall: _____		

**SECTION 5 Plumbing System Information**  Does not apply to this project

Indicate the number of each fixture type in the space below

	Alteration/Repair		Grease Interceptor		Sink (kitchen, bar, bath)
	Backflow Prevention		Grease Trap		Toilet(s)
	Carbonated Beverage Machine		Hydronic Floor System		Urinals
	Dishwasher		Ice Machine		Water Heater (electric)
	Drinking Fountain		Medical Gas Piping # of outlets		Water/Waste
	Floor Drain		Medical Fixture Drains		Other:
	Floor Drain – Trap Primer		Medical Fixture Vacuum		<b>Total # of Fixtures:</b>

**Plumbing System Piping Information**

Proposed Interior Water Piping Size:	<input type="checkbox"/> 1/2" <input type="checkbox"/> 3/4" <input type="checkbox"/> 1" <input type="checkbox"/> 1 1/2" <input type="checkbox"/> 2"
Proposed Interior Piping Material:	<input type="checkbox"/> CPVC <input type="checkbox"/> Brass <input type="checkbox"/> PEX-AL-PEX <input type="checkbox"/> PEX <input type="checkbox"/> Copper <input type="checkbox"/> PE-AL-PE <input type="checkbox"/> Other:
Proposed Exterior Water Piping Size:	<input type="checkbox"/> 1/2" <input type="checkbox"/> 3/4" <input type="checkbox"/> 1" <input type="checkbox"/> 1 1/4" <input type="checkbox"/> 1 1/2" <input type="checkbox"/> 2"
Proposed Exterior Piping Material:	<input type="checkbox"/> PVC <input type="checkbox"/> Copper <input type="checkbox"/> PEX-AL-PEX <input type="checkbox"/> PE-AL-PE <input type="checkbox"/> PE <input type="checkbox"/> PEX <input type="checkbox"/> Other
Proposed Drain-Waste-Vent (DWV) Material:	<input type="checkbox"/> Schedule 40 ABS DWV <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Brass <input type="checkbox"/> Cast Iron <input type="checkbox"/> Schedule 40 PVC DWV <input type="checkbox"/> Other:
Proposed Drain-Waste-Vent (DWV) Piping Size:	<input type="checkbox"/> 1/2" <input type="checkbox"/> 3/4" <input type="checkbox"/> 1" <input type="checkbox"/> 1 1/2" <input type="checkbox"/> 2 1/2" <input type="checkbox"/> 3" <input type="checkbox"/> 4" <input type="checkbox"/> 5" <input type="checkbox"/> 6" <input type="checkbox"/> 8"

**SECTION 6 Mechanical System Information**  Does not apply to this project

Indicate the number of each new, and/or relocated fixture type in the space below

	Air Conditioner		Gas Piping (# of outlets)		Water Heater (gas) 91%
	Air Handling Unit		Generator		Water Heater Heat Pump
	Boiler 90%		Heat Pump (electric)		<input type="checkbox"/> Tier I <input type="checkbox"/> Tier II <input type="checkbox"/> Tier III
	Condenser		Heat Pump (gas)		Water Heater Heat Pump - Split
	DOAS		Heat Pump (ground)		Water Heater Heat Pump - Solar
	Ductwork (drawing required)		Hot Water Heat Coils Radiator		Type I Hood
	Evaporator		HRV/ERV		Type II Hood
	Exhaust Fans		Hydronic Floor System		Other:
	Fireplace/Insert/Stove		Refrigeration Unit		Other:
	Gas Furnace 95% AFUE		Unit Heaters – Ceiling Gas 85%		<b>Total # of Fixtures:</b>

**Gas Piping Information**

Proposed Piping Material:	<input type="checkbox"/> CSST <input type="checkbox"/> Brass <input type="checkbox"/> Black Steel <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> PE-PVC <input type="checkbox"/> Other:
Proposed Pipe Size:	<input type="checkbox"/> 1/2" <input type="checkbox"/> 3/4" <input type="checkbox"/> 1" <input type="checkbox"/> 1 1/2" <input type="checkbox"/> 2" <input type="checkbox"/> 2 1/2" <input type="checkbox"/> 3" <input type="checkbox"/> 4" <input type="checkbox"/> Other:



# Eligible Facilities Determination Request

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Voice 360-416-1320 · Inspections 360-416-1330 · www.skagitcounty.net/planning

Permit #:

This form may be submitted prior to, or with, a building permit application for a wireless telecommunications facility. The Administrative Official must apply the guidance for determining “substantial increase in the size of the tower” set forth in FCC Guidance DA 12-2047, dated January 25, 2013.

## Required Attachments

- Preliminary structural and profile plans sufficient to enable a determination whether the proposal is an Eligible Facility
- Application fee

## Project Information

<b>Existing carrier</b>	<i>Identify the existing carrier on the tower:</i>		
<b>Parcel #</b>		<b>Current file #</b>	
<b>Existing permits</b>	<i>Identify existing land use or building permit numbers for the existing tower:</i>		
<b>New equipment</b>	<i>Describe the <b>new</b> transmission equipment to be collocated on the existing tower:</i>		
<b>Equipment to be removed</b>	<i>Describe equipment to be <b>removed</b> from the existing tower:</i>		
<b>Equipment to be replaced</b>	<i>Describe equipment to be <b>replaced</b> on the existing tower:</i>		
<b>Criteria</b> <small>see SCC 14.16.720(6)(a)</small>	Height of existing tower:	_____	
	Height of tower after addition:	_____	
	Width of existing tower:	_____	
	Width of tower after addition:	_____	
	Number of new equipment cabinets:	_____	
	Dimensions of existing base station:	_____	
	Dimensions of base station after additions:	_____	
	Does the proposal require excavation outside current tower site?		

### For Internal Use Only:

- This request meets the requirements of eligible facilities request for modification of an existing wireless tower and base station.
- This request DOES NOT meet the requirements of eligible facilities request for modification of an existing wireless tower and base station.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Administrative Official or Designee

**AGENT AUTHORIZATION**

*By signing this form, the undersigned certifies that the statements, answers, and information both on this form and the remainder of this permit application are true and correct to the best of his or her knowledge and belief.*

- I/we, as the owners of the property identified above, authorize \_\_\_\_\_ to act as owner(s) agent to submit applications, receive correspondence regarding the application, and sign title notices on my/our behalf.
- I/we grant permission to field staff to enter the site to verify the presence or absence of critical areas and perform inspections of work proposed by this application.

**Property Owner(s) Signature(s) – *If there are more than 2 owners, please attach a separate sheet.***

Signature: _____	Signature: _____
Print Name: _____	Print Name: _____
Title: _____	Title: _____
Company: _____	Company: _____
Date: _____	Date: _____

**NOTARIZATION**

For an acknowledgement in an individual capacity. State of \_\_\_\_\_, County of \_\_\_\_\_. This record was acknowledged before me on \_\_\_\_\_ (date), by \_\_\_\_\_ (name(s) of individuals).

**OR**

For an acknowledgement in a representative capacity. State of \_\_\_\_\_, County of \_\_\_\_\_. This record was acknowledged before me on \_\_\_\_\_ (date), by \_\_\_\_\_ (name(s) of individuals) as \_\_\_\_\_ (type of authority) of \_\_\_\_\_ (on behalf of whom).

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Name of Notary Public

My Appointment Expires: \_\_\_\_\_

# Development In or Adjacent to Natural Resource Lands

If you apply for a development permit on a site in, or within 500 feet of, any Natural Resource Lands zone, the application must include this signed statement.<sup>1</sup> Go to [iMap](#) and select Comprehensive Plan under Planning and Development Services to determine if this requirement applies to your project. Applications submitted on or after July 5, 2016, no longer require a title notice recorded with the Auditor. If a building permit was approved prior to the date above, the document can be found in the Recorded Document link on [Skagit County's Property Search Page](#) for the given property address.

## Statement

This parcel lies within an area or is within 500 feet of an area designated as a natural resource land (agricultural, forest, and mineral resource lands of long-term commercial significance) in Skagit County.

A variety of natural resource land commercial activities occur or may occur in the area that may not be compatible with non-resource uses and may be inconvenient or cause discomfort to area residents. This may arise from the use of chemicals; or from spraying, pruning, harvesting, or mineral extraction with associated activities, which occasionally generates traffic, dust, smoke, noise, and odor.

Skagit County has established natural resource management operations as a priority use on designated natural resource lands, and area residents should be prepared to accept such incompatibilities, inconveniences, or discomfort from normal, necessary natural resource land operations when performed in compliance with best management practices and local, State, and Federal law. In the case of mineral lands, application might be made for mining-related activities including extraction, washing, crushing, stockpiling, blasting, transporting, and recycling of minerals. In addition, greater setbacks than typical may be required from the resource area, consistent with [SCC 14.16.810](#).

Contact Skagit County Planning and Development Services for details.

Property Owner(s) Signature(s)	
Signature: _____	Signature: _____
Print Name: _____	Print Name: _____
Title: _____	Title: _____
Company: _____	Company: _____
Date: _____	Date: _____

<sup>1</sup> Skagit County Code 14.16.870, implementing RCW 36.70A.060(1)(b).



# Commercial Building Permit Submittal Requirement Checklist

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Commercial Building Permit Submittal Requirement Checklist															
✓ = Required Submittal ✕ = Submittal may be required			PERMIT TYPES												
Submittal Requirements	Complete Submittal?	Initial	New	TI	Addition/ Alteration	Change of Use	Commercial Coach	Accessory Structure	Agricultural Building	Foundation Only	Shipping Container	Signs	Retaining Wall	Communication Tower	Communication Tower Addition
Critical Area Review <sup>1</sup>	Choose an item.		✓	✓	✓	✕	✓	✓	✓	✓	✓	✕	✓	✓	
Pre-Application Meeting or Waiver	Choose an item.														
Lot Certification Application <sup>2</sup>	Choose an item.		✕	✕	✕	✕	✕	✕	✕	✕	✕		✕	✕	
Commercial Building Application	Choose an item.		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Commercial Submittal Checklist	Choose an item.		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Plumbing and Mechanical Equipment Specifications	Choose an item.		✓	✕	✕	✕		✕	✕						
Shoreline Review <i>(if located in the shoreline jurisdiction)</i>	Choose an item.		✕		✕	✕	✕	✕	✕	✕	✕		✕	✕	
Water System Approval <sup>3</sup>	Choose an item.		✓	✕	✕	✕	✕	✕	✕	✕	✕				
Septic Design Approval <sup>4</sup>	Choose an item.		✓	✕	✕	✕	✕	✕	✕	✕	✕				
SEPA Checklist Review	Choose an item.		✕	✕	✕	✕	✕	✕	✕	✕			✕	✕	
Access and Address Verification	Choose an item.		✓	✕	✕	✕	✕	✕	✕	✕	✕			✓	
Site Plan Submittal	Choose an item.		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Site Plan Requirement Checklist	Choose an item.		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Zoning	Choose an item.		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Stormwater SWPPP/Drainage <sup>5</sup>	Choose an item.		✓		✓	✕	✓	✓	✓	✓	✓		✓	✓	✕

Floodplain Development <i>(if located in a floodplain area)</i>	Choose an item.		x	x	x	x	x	x	x	x	x	x	x	x	x
Fire Code Application	Choose an item.		✓	✓	✓	✓	✓	✓	✓		✓			✓	✓
Architectural Plans	Choose an item.		✓	✓	x	x	✓	✓	✓	✓		✓	x	✓	
Structural Plans	Choose an item.		✓	x	x	x	✓	✓	✓	✓			x	✓	x
Structural Calculations <sup>6</sup>	Choose an item.		✓	x	x	x	✓	✓	✓	x			x	✓	x
Energy Code Worksheet <sup>7</sup>	Choose an item.		✓	x	x	x		x	x	x					
Eligible Facility Determination Request	Choose an item.														✓
Exterior Equipment may trigger a Flood Permit	Choose an item.		x	x	x	x	x	x	x	x	x	x	x		x
Review Fee <sup>8</sup>	Choose an item.		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
PDF Submittal Documents	Choose an item.		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

NOTES:	FOR COUNTY USE ONLY
<ol style="list-style-type: none"> <li>1. Critical Area review is required unless approval was obtained prior to building permit submittal.</li> <li>2. <a href="#">Lot Certification</a> is required unless approval was obtained prior to building permit submittal.</li> <li>3. Water System Approval is required unless approval was obtained prior to building permit submittal.</li> <li>4. Septic System Approval is required unless approval was obtained prior to building permit submittal.</li> <li>5. <a href="#">Stormwater Drainage Worksheet</a> submittal is required unless approval was obtained prior to building permit submittal.</li> <li>6. Structural Calculations are not required, if the project is designed as prescriptive.</li> <li>7. The county prefers the Energy Code Worksheets be included in the Architectural Plan Set.</li> <li>8. See Skagit County <a href="#">Fee Schedule</a>.</li> </ol>	<p><input type="checkbox"/> This application is complete.</p> <p><input type="checkbox"/> This application is incomplete. See items noted above.</p> <p>Skagit County may require additional information. The applicant will be notified in writing if additional information is necessary.</p> <p>These review requirements are for the Skagit County permits only and are to provide general guidance to the process but are subject to change. Additional permits may be required by federal, state, or local agencies. It is the responsibility of the applicant to ascertain whether other permits are required.</p>