



New Building Packet



City of Selah

RESIDENTIAL NEW CONSTRUCTION/REMODELLING SUBMITTAL REQUIREMENTS

Submission Requirements listed below. **Please initial by each and indicate N/A if not applicable.**

- _____ Site Plan showing lot coverage calculations and NO larger than 11x17 – **Two (2) sets**
- _____ Construction plans - **Three (3) sets**
- _____ Truss package with engineer's stamps and layout - **Three (3) sets**
- _____ Beam calculation sheets for all but basic headers - **Three (3) sets**
- _____ Energy Code compliance sheets - **Three (3) sets**
- _____ Floor joist manufacturer's layout with calc sheets for representative joists/beams - **Three (3) sets**
- _____ Engineering for any nonprescriptive elements to include details and calculations with design criteria - **Three (3) sets**
- _____ Two copies of completed residential solar checklist is required for solar permits - **Two (2)**
- _____ Plot Plan with Stormwater Erosion Control Plan showing Best Management Practices (BMPs) – **One (1)**

*****NO PARTIAL OR DEFERRED SUBMITTALS*****

Plan review time (Estimated)

New Single Family and other plans	Two - Four Weeks
Multi-Family Units	Two - Four Weeks
Commercial Projects	Six - Eight Weeks

I hereby certify that I have read the required documents listed above. I understand that by signing this I am certifying that all required documents are included with this application. I further acknowledge that if any documents are missing this can/will cause my review to be on hold until all documents are submitted. I understand and agree to these conditions.

Owner/ Applicant

Date

Planning Department Official

Date

REQUIRED ATTACHMENT:

SITE PLAN

Note: Producing the site plan from this template is preferred, however, the template can be substituted for your own medium (computer aided is acceptable).

A blank coordinate system with x and y axes. The x-axis is horizontal and has 10 tick marks labeled 1 through 10 from left to right. The y-axis is vertical and has 10 tick marks labeled 1 through 10 from bottom to top. The grid is empty, with no data points or lines plotted.

LOT COVERAGE CALCULATION

a) Footprint(s) of existing structure(s)	_____	SQ FT
b) Building addition/new structure(s) footprint(s)	_____	SQ FT
c) Existing paved area(s) (driveways, walkways, patios, etc.) TOTAL	_____	SQ FT
d) Proposed paved area(s)	_____	SQ FT
e) Total Impervious Surface (a+b+c+d = e)	_____	SQ FT
f) Lot Size	_____	SQ FT
g) Lot coverage (e/f x 100 = g)	_____	%

PARKING CALCULATION

Spaces required: _____

Spaces provided: _____

LOT INFORMATION

Parcel #(s): _____
 Site Address: _____
 Zoning: _____
 Legal Description (brief): _____

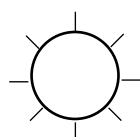
MAP SCALE (check one)

☐ Preferred Scale: 1 inch on the map = 20 ft on the ground

☐ Custom Scale: 1 inch = _____

*Template tie marks are 1 inch apart

NORTH ARROW



(Indicate North)

BACKGROUND INFORMATION

Applicant Name: _____

Mailing Address: _____

Contact Person: _____

Contact Phone: () _____

Applicant Signature: _____ Date: _____

Created by: _____ Date: _____



SITE PLAN CHECKLIST

- ☐ Parcel Number
- ☐ Property Address
- ☐ Legal Description
- ☐ North Arrow
- ☐ Scale (standard engineering scale)
- ☐ Applicant Name and contact information
- ☐ Project Name
- ☐ Property Dimensions and Shape of Lot
- ☐ Size and Location of Existing Structures
- ☐ Size and Location of Proposed Structures
- ☐ Distance(s) of structures to property line and centerline of right-of-way
- ☐ Size and location of utilities
- ☐ Parking Plan
- ☐ Location of ingress and egress points/driveway
- ☐ Lot Coverage calculation
- ☐ Dumpster and screening location

The black and white site map size shall be no smaller than
8½" x 11" or not larger than 11" x 17"



CITY OF SELAH

Planning Department • 222 South Rushmore RD. • Selah, WA 98942 • Ph: (509) 698-7365 • www.selahwa.gov
All final Certificates of Occupancy are subject to final building inspection. Please call to schedule inspections.

OFFICIAL USE ONLY:

PERMIT#

Site Address:		APPLICANT SECTION	
Parcel#:		Name:	
Property Owner Name:		Address:	
Property Owner Phone:		City/State/Zip:	
Address:		Phone:	
		Project Valuation / Cost of Construction	
Project Description (Use back or attach pages for more room):			
PERMIT TYPE		Square Footage	
<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	1 st Floor:	Garage:
<input type="checkbox"/> New Construction	<input type="checkbox"/> New Tenant Improvement	2 nd Floor:	Basement:
<input type="checkbox"/> Alteration	<input type="checkbox"/> Change of Occupancy	3 rd Floor:	Covered Porch:
<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Fire Sprinkler	Carport:	# Bedrooms:
IBC/IRC Occupancy Classification		Covered Patio:	# Bathrooms:
BUILDING SPECS		SETBACKS	
Zone:	SQ FT. Total:	Front:	Back:
Lot Size:	# of Stories:	Side:	Side:
CONTRACTOR SECTION			
Name:			
Contr. Lic#:		Exp:	
Address:		City/State/Zip:	
Phone:		Email:	
Pursuant to RCW 19.27.095 (2) (i-ii): (i) The name, address, and phone number of the office of the lender administering the interim construction financing, if any; or (ii) The name and address of the firm that has issued a payment bond, if any, 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.			
Lending Institutions:			
Address:		City/State/Zip:	
Email:		Phone:	

I hereby certify under penalty of perjury under the laws of the State of Washington that I have read this application and know that the information provided herein is true and complete to the best of my knowledge. I agree to comply with all current building codes, laws, regulations and permit requirements related to this project. I additionally certify that I am the owner of the subject property, or, that I have been given express permission by the owner to submit this application for permit. I agree and grant The City of Selah Building Code Enforcement and Planning Department officials and agents the right to enter the premises as described for this permit application, for the purpose of making inspections and tests as may be required. All permit fees are non-refundable and expire within (180) one hundred and eighty days of issuance.

Owner/ Applicant

Date

Planning Department Official

Date



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PERMIT#

RESIDENTIAL PLUMBING PERMIT APPLICATION

SITE INFORMATION	CONTRACTOR
Owner Name:	Name:
Site Address:	Address:
City/State/Zip:	City/State/Zip:
Phone:	Phone:
Project Valuation \$	License:
Project Description (Use back or attach pages for more room):	

Fixture Type:	QTY:	Fee:	Total:
Flat Permit Fee		31.40	31.40
Backflow < 2"		11.63	
Backflow > 2"		25.40	
Bath/ Shower		11.63	
Clothes Washer		11.63	
Dishwasher		11.63	
Sink		11.63	
Side Sewer		20.52	
Water Closet (Toilet)		11.63	
Water Fountain		11.63	
Water Heater		11.63	
Water Piping		11.63	
Other:			
Other:			
Other:			
TOTAL:			

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PERMIT#

RESIDENTIAL MECHANICAL PERMIT APPLICATION

SITE INFORMATION		CONTRACTOR	
Owner Name:		Name:	
Site Address:		Address:	
City/State/Zip:		City/State/Zip:	
Phone:		Phone:	
Project Valuation:		License:	
Project Description (Use back or attach pages for more room):			
Fixture Type:	QTY:	Fee::	Total:
Flat Permit Fee		24.97	
AC < 10K BTU		14.05	
AC < 500K BTU		19.05	
AC > 500K BTU		40.49	
AC >100K BTU		19.05	
Appliance Vent		10.73	
Furnace < 100K BTU		18.41	
Furnace > 100K BTU		21.49	
Gas Insert		14.93	
Gas Piping	1-4 outlets 5 +	8.30 3.16 per outlet	
Heater, Wall Mount		14.19	
Hood		14.63	
Vent Fans		10.73	
Wood/ Pellet Stove		36.20	
Other:			
TOTAL:			

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UNDER GROUND SPRINKLER APPLICATION

<u>APPLICANT or CONTRACTOR SECTION</u>	<u>PROPERTY OWNER</u>
Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone:	Phone:
License #:	Email:
DESCRIPTION OF WORK:	

I hereby certify under penalty of perjury under the laws of the State of Washington that I have read this application and know that the information provided herein is true and complete to the best of my knowledge. I agree to comply with all current building codes, laws, regulations and permit requirements related to this project. I additionally certify that I am the owner of the subject property, or, that I have been given express permission by the owner to submit this application for permit. I agree and grant The City of Selah Building Code Enforcement and Planning Department officials and agents the right to enter the premises as described for this permit application, for the purpose of making inspections and tests as may be required. All permit fees are non-refundable and expire within (180) one hundred and eighty days of issuance.

Owner/ Applicant

Date

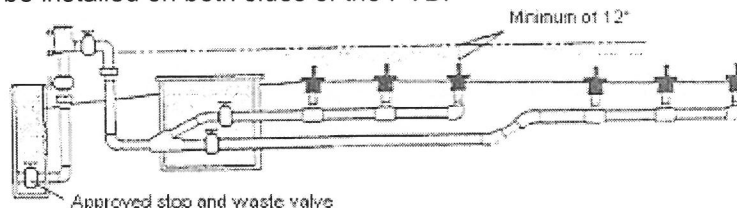
Planning Department Official

Date

UNDERGROUND SPRINKLER SYSTEM GUIDELINES

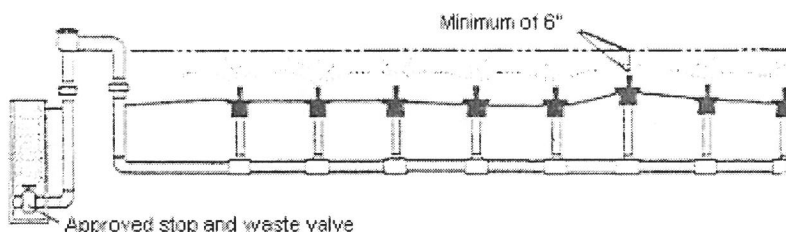
Pressure Vacuum Breaker Assembly (PVB)

- Only one PVB is required to serve the whole system; control valves can be located downstream of the PVB.
- PVB shall be installed a minimum of one foot (12") above the highest sprinkler.
- Initial Inspection of PVB installations shall be done by the City of Selah's cross connection personnel.
- PVB must be tested by a State certified backflow assembly tester when installed, annually and when moved or repaired.
- In PVB equipped systems, chemicals or fertilizers may not be introduced into the irrigation system.
- A stop and waste valve must be installed within three feet (3') of the PVB and a minimum of thirty inches deep (30"). The stop and waste valve must be accessible. This can be achieved by using a four-inch (4") PVC pipe as a valve stack.
- Unions must be installed on both sides of the PVB.



Atmospheric Vacuum Breaker (AVB)

- One AVB is required for each irrigation zone; no control valves are allowed downstream of an AVB.
- Each AVB shall be installed a minimum of six inches (6") above the highest sprinkler in that zone.
- Initial Inspection of AVB installation shall be inspected by City of Selah's cross connection personnel.
- AVB must be inspected by a State certified backflow assembly tester when installed, annually and when moved or repaired.
- No chemical or fertilizer may be introduced into an irrigation system equipped with AVB's.
- A stop and waste valve must be installed within three feet (3') of the AVB and a minimum of thirty inches (30") deep. The stop and waste valve must be accessible. This can be achieved by using a four-inch (4") PVC pipe as a valve stack.



Double Check Valve Assembly (DCVA)

- DCVA is required to serve the whole system; control valves can be located downstream of the DCVA.
- DCVA can be installed above ground or below ground. If the DCVA is installed below ground it must be accessible for inspection and testing.
- Initial inspection of DCVA installations shall be done by the City of Selah's cross connection personnel.
- DCVA must be tested by a State Certified backflow assembly tester when installed, annually and when moved or repaired.
- In a DCVA equipped system, chemicals or fertilizers may not be introduced into the irrigation system.
- A stop and waste valve must be installed within three feet (3') of the DCVA and a minimum of thirty inches (30") deep. The stop and waste valve must be accessible. This can be achieved by using a four-inch (4") PVC pipe as a valve stack.
- Unions must be installed on both sides of the DVCA.

