



Residential 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

For Mobile or Manufactured Homes contact Labor and Industries at 360-416-3000 for permitting requirements.

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 If yes, Existing use: _____ Proposed use: _____					
Clear space around the structure (yard, parking, ex: 20 ft): N: _____ S: _____ E: _____ W: _____					
PERMIT TYPE					
<input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Interior Alteration <input type="checkbox"/> Exterior Alteration <input type="checkbox"/> Other: _____					
BUILDING TYPE			<input type="checkbox"/> Prescriptive Design <input type="checkbox"/> Engineered Design		
SECTION 1		SECTION 2		SECTION 3	
<input type="checkbox"/> Residential (site-built) <input type="checkbox"/> Accessory Dwelling Unit (ADU) <input type="checkbox"/> Duplex/Townhouse		<input type="checkbox"/> Manufactured Home <input type="checkbox"/> Modular Home <input type="checkbox"/> Manufactured ADU		<input type="checkbox"/> Accessory Structure <input type="checkbox"/> Agricultural Building <input type="checkbox"/> Foundation Only	
				SECTION 4	
				<input type="checkbox"/> Shipping Container <input type="checkbox"/> Ground Solar Array <input type="checkbox"/> Other: _____	
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		
Applicant/Contact			<input type="checkbox"/> Payment Provider		
Name: _____		Phone No.: _____			
Mailing Address: _____		City: _____	State: _____	Zip: _____	
Email Address: _____					
Property Owner			<input type="checkbox"/> Payment Provider		
Name: _____		Phone No.: _____			
Mailing Address: _____		City: _____	State: _____	Zip: _____	
Email Address: _____					
Primary Contractor			<input type="checkbox"/> Payment Provider		
Name: _____		Phone No.: _____			
Mailing Address: _____		City: _____	State: _____	Zip: _____	
Email Address: _____		Contractor License No: _____		Exp.: _____	
Plumbing Contractor					
Name: _____		Phone No.: _____			
Mailing Address: _____		City: _____	State: _____	Zip: _____	
Email Address: _____		Plumbing License No: _____		Exp.: _____	

Mechanical Contractor				
Name: _____		Phone No.: _____		
Mailing Address: _____		City: _____	State: _____	Zip: _____
Email Address: _____		Mechanical License No: _____		Exp.: _____
SECTION 1	Site Built, Duplex, Townhouse, Accessory Dwelling Unit			<input type="checkbox"/> Does not apply to this project
Type of Construction:	<input type="checkbox"/> Metal	<input type="checkbox"/> Wood	<input type="checkbox"/> Other: _____	No. of Stories: _____
Building Footage 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
# of Bedrooms:	Before: _____	After: _____	Other: _____	
Remodel SF:	<input type="checkbox"/> 25% of Building Valuation <input type="checkbox"/> 50% of Building Valuation <input type="checkbox"/> 75% of Building Valuation			
Building Addition SF:	Addition Proposed Use: _____			
SECTION 2	Manufactured Home and Modular Home			<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 (Modular Only): _____	
Installer: _____	Washington Installer Certification Tag (WAINS) #: _____			
SECTION 3	Accessory Structures, Agricultural Building, Foundation			<input type="checkbox"/> Does not apply to this project
Accessory Structure Type:	_____	SF: _____	Length: _____	Width: _____
Post Frame Structure Type:	_____	SF: _____	Length: _____	Width: _____
Agricultural Building Type:	_____	SF: _____	Length: _____	Width: _____
Retaining Wall Linear Foot:	<i>(Over 4 feet only)</i> _____		Height from bottom of footing to top of wall: _____	
Deck:	<input type="checkbox"/> Covered Square Footage: _____		<input type="checkbox"/> Uncovered Square Footage: _____	
Patio/Porch:	<input type="checkbox"/> Covered Square Footage: _____		<input type="checkbox"/> Uncovered Square Footage <i>(No Fee)</i> : _____	
Foundation Only SF:	Other: _____			
SECTION 4	Shipping Containers, Ground Solar Array, Other			<input type="checkbox"/> Does not apply to this project
Description:	Solar installation requires engineering.			
# of Containers/Units:	Size of each container/unit: _____			
Area or Distance:	<input type="checkbox"/> ft. or <input type="checkbox"/> sq. ft.		Other: _____	
SECTION 5	Plumbing System Information			<input type="checkbox"/> Does not apply to this project
Indicate the number of each fixture type in the space below				
	Alteration/Repair		Hose Bibb	Sink (kitchen, bar, bath)
	Backflow Prevention		Hydronic Floor System	Toilet(s)
	Bath/Shower Combo		Icemaker	Water Heater (electric)
	Bathtub Only		Irrigation	Water/Waste
	Clothes Washer		Laundry Tray	Other: _____
	Dishwasher		Roof Drains	Other: _____
	Floor Drain		Shower Only	Total # of Fixtures: _____

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 1/4" <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 1/4" <input type="checkbox"/> 1 1/2" <input type="checkbox"/> 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					<input type="checkbox"/> Does not apply to this project
Indicate the number of each new, and/or relocated fixture type in the space below					
	Air Conditioner		Gas Fireplace (insert)		Hydronic Floor System
	Air Handling Duct System		Gas Furnace 95% AFUE		Water Heater (gas) 91%
	Boiler 90%		Gas Piping (# of outlets)		Water Heater Heat Pump
	Dryer Duct		Generator		<input type="checkbox"/> Tier I <input type="checkbox"/> Tier II <input type="checkbox"/> Tier III
	Ductless Mini Split		Heat Pump (electric)		Whole House Ventilation
	Exhaust Fan - Bathroom		Heat Pump (gas)		Wood Fireplace (WA Approved)
	Exhaust Fan - Kitchen		Heat Pump (ground)		Wood Stove (WA Approved)
	Gas Fireplace (free standing)		HRV/ERV	Total # of Fixtures:	
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:				

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.¹ 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: _____

¹ Skagit County Code 14.16.870, implementing RCW 36.70A.060(1)(b).



Residential Building Permit Submittal Requirement Checklist

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Residential Building Permit Submittal Requirement Checklist															
✓ = Required Submittal * = Submittal may be required			PERMIT TYPES												
Submittal Requirements	Complete Submittal?	Initial	Site Built	ADU	Duplex/Townhouse	Addition	Alteration	Manufactured Home	Modular Home	Manufactured ADU	Accessory Structure	Agricultural Building	Foundation Only	Shipping Container	Ground Solar Array
Critical Area Review ¹			✓	✓	✓	✓	*	✓	✓	✓	✓	✓	✓	✓	✓
Pre-Application Meeting or Waiver															
Lot Certification Application ²			✓	✓	✓	✓	*	✓	✓	✓	✓	✓	✓	*	*
Residential Building Application			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Residential Submittal Checklist			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Plumbing and Mechanical Equipment Specifications			✓	✓	✓	*	*		✓		*	*			
Shoreline Review <i>(if located in the shoreline jurisdiction)</i>			*	*	*	*	*	*	*	*	*	*	*	*	*
Water System Approval ³			✓	✓	✓	*	*	*	*	*	*				
Septic Design Approval ⁴			✓	✓	✓	*	*	*	*	*	*				
SEPA Checklist Review			*	*	*	*	*	*	*	*	*	*	*	*	*
Access and Address Application			✓	*	✓	*	*	✓	✓	*	✓	✓	✓	✓	✓
Site Plan Submittal			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Site Plan Requirement Checklist			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Floor Plan								✓	✓	✓					
Zoning			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Stormwater SWPPP/Drainage ⁵			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	*
Floodplain Development <i>(if located in a floodplain area)</i>			*	*	*	*	*	*	*	*	*	*	*	*	*

Fire Code Application			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Architectural Plans			✓	✓	✓	✓	✓		✓		✓	✓	✓	✓	
Structural Plans			✓	✓	✓	✓	✓		✓		✓	✓	✓	✓	✗
Structural Calculations ⁶			✗	✗	✗	✗	✓		✗		✗	✗	✗	✓	✗
Energy Code Worksheet ⁷			✓	✓	✓	✓	✗	✗	✗		✗	✗			
Installation Manual								✓		✓					
Exterior Equipment may trigger a Flood Permit			✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Review Fee ⁸			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
PDF Submittal Documents			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

NOTES:	FOR COUNTY USE ONLY
<ol style="list-style-type: none"> 1. Critical Area review is required unless approval was obtained prior to building permit submittal. 2. Lot Certification is required unless approval was obtained prior to building permit submittal. 3. Water System Approval is required unless approval was obtained prior to building permit submittal. 4. Septic System Approval is required unless approval was obtained prior to building permit submittal. 5. Stormwater Drainage Worksheet submittal is required unless approval was obtained prior to building permit submittal. 6. Structural Calculations are not required if the project is designed as prescriptive. 7. The county prefers the Energy Code Worksheets be embedded in the Architectural Plan Set. <ol style="list-style-type: none"> a. One and two family prescriptive worksheet b. Heating system sizing worksheet c. Glazing schedule 8. See Skagit County Fee Schedule. 	<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>