

Application Checklist – Remodels



Please read and follow thoroughly.

Submit all below listed items as **individual PDF files** to PermitSubmittal@FranklinCountyWA.gov.

The permit process will move forward faster if all items are fully complete before submittal.

Do **NOT** send files via a cloud-based service. The application will be rejected. *Multiple emails can be sent for one application.*

Please contact our office for all Remodel Building Permits (for determination of requirements)

Check the box (☐) once an item has been completed.

Required	Submitted	Required Building Information	Office Review
<input type="checkbox"/>	<input type="checkbox"/>	Building Permit Application Form	<input type="checkbox"/> _____
<input type="checkbox"/>	<input type="checkbox"/>	Contractor Information Sheet <ul style="list-style-type: none"> Please include business addresses, phone number, email, and UBI number for each contractor All contractors and sub-contractors must have/obtain a valid Franklin County Business License 	<input type="checkbox"/> _____
<input type="checkbox"/>	<input type="checkbox"/>	Construction Drawings <ul style="list-style-type: none"> Cross Section required on all plans. Scanned/Paper copies will be rejected due to low resolution/quality. The images can blur when enlarged during the plan review process. 	<input type="checkbox"/> _____
<input type="checkbox"/>	<input type="checkbox"/>	Overall Structure Height	<input type="checkbox"/> _____
<input type="checkbox"/>	<input type="checkbox"/>	Wall Height(s)	<input type="checkbox"/> _____
<input type="checkbox"/>	<input type="checkbox"/>	Truss Layout	<input type="checkbox"/> _____
<input type="checkbox"/>	<input type="checkbox"/>	Truss Prints – must bear the stamp and signature of a WA state licensed engineer	<input type="checkbox"/> _____
<input type="checkbox"/>	<input type="checkbox"/>	Header locations and schedule on plans	<input type="checkbox"/> _____
<input type="checkbox"/>	<input type="checkbox"/>	Architect or Engineer to include header schedule evaluated per the Engineer Stamped Truss Prints and locations added on the floor plan.	<input type="checkbox"/> _____
<input type="checkbox"/>	<input type="checkbox"/>	Architect or Engineer to evaluate footing sizing per the Engineer Stamped Truss Prints and add enlarged footings where applicable.	<input type="checkbox"/> _____
<input type="checkbox"/>	<input type="checkbox"/>	Structural/Lateral Engineering, plans and calculations, required if: <ul style="list-style-type: none"> Framed walls are over 10'-1 1/8" plate height; or, Basement walls are over nine (9) feet in height; or, Point Loads over 15,000 lbs.; or, Structure is over 6,000 sq. ft. 	<input type="checkbox"/> _____
<input type="checkbox"/>	<input type="checkbox"/>	Engineer approval for moving interior and/or exterior walls	<input type="checkbox"/> _____
<input type="checkbox"/>	<input type="checkbox"/>	2018 Washington State Energy Compliance (WSEC) Form. <ul style="list-style-type: none"> Energy Credit selection table must be on the plans (per Tables R406.2 & R406.3) Pages 1 must be fully complete and signed by the applicant. Full document shall be submitted with the application as a separate PDF file. 	<input type="checkbox"/> _____
<input type="checkbox"/>	<input type="checkbox"/>	AHRI Certificates with equipment specifications. <ul style="list-style-type: none"> Applies to all equipment selected on the WSEC form. Example: heat pump, mini-split, and water heater 	<input type="checkbox"/> _____
<input type="checkbox"/>	<input type="checkbox"/>	Fireplace, Wood Stove, or Pellet Stove, if installed <ul style="list-style-type: none"> Provide manufacturer specifications and installation instructions for selected model Please specify or highlight model. 	<input type="checkbox"/> _____
<input type="checkbox"/>	<input type="checkbox"/>	Solar Panels, if installed <ul style="list-style-type: none"> Engineered plans are required and a separate permit. Solar Panel Layout shall be shown on the plans. 	<input type="checkbox"/> _____

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Check the box (☐) once an item has been completed.



Completed **Required Site Plan Information** (required if increasing the existing footprint)

Office Review

☐ _____

☐ _____

☐ _____

☐ _____

☐ _____

- ☐ Compass directional arrow, indicating North
- ☐ Street Name(s)
- ☐ Property Lines, show the length in feet
- ☐ Show all structures on the parcel
 - Including any lean-tos, covered patios, decks, etc.
- ☐ Place an "X" on all structures, except the area being permitted

Location of:

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- ☐ Septic tank
- ☐ Septic travel line
- ☐ Primary drain field
- ☐ Reserve drain field
- ☐ Well, private or shared (if not connecting to municipal water system)
- ☐ Municipal water meter (if not connecting to a well)
- ☐ Water supply line from the well/water meter to proposed/existing structure
- ☐ Driveway and/or private access road
- ☐ Recorded easements and/or rights-of-way
- ☐ Existing canals and/or buried pipe drains
- ☐ Attached garage/Accessory unit (required only if in an UGA or Rural Shoreline area)
- ☐ Solar Panels, if installing on the ground

Distances from the:

☐ _____

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- ☐ Proposed remodel area to all existing structures
- ☐ Proposed remodel area to nearest property lines

Known geo-hazards, including:

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☐ _____

- ☐ Slopes of 15% or greater (please show elevations in ten (10) foot intervals)
- ☐ Floodplains / Flood Zones
- ☐ Wetlands (i.e. streams, lakes, irrigation ponds, etc.)
- ☐ Erosive soils and/or landslide areas.

Indicate Setbacks:

☐ _____

☐ _____

- ☐ If there is no year-round approved fire suppression system or hydrant within 500 feet (as measured along the road) of the property, all structures shall follow the Franklin County Fire Code (Ch. 8.40.080) setback standards:
 - Front: Twenty-five (25) feet.
 - Side: Twenty (20) feet.
 - Rear: Twenty-five (25) feet.
 - Between Structures: Fifteen (15) feet.
- ☐ If there is a year-round approved fire suppression system or hydrant within 500 feet (as measured along the road) of the property, all structures shall follow the underlying zoning district setbacks. *Please contact a Planner for more information.*

Application Checklist – Remodels



Required	Submitted	Required Miscellaneous Items	Office Review
<input type="checkbox"/>	<input type="checkbox"/>	Road Approach Permit <ul style="list-style-type: none"> • Required if enlarging any dwelling or accessory structure: <ul style="list-style-type: none"> ○ And the value is 33% or more of the value of the current structure; or, ○ The gross floor area by more than 50%, regardless of value • Contact Franklin County Public Works Department <ul style="list-style-type: none"> ○ If address is within the unincorporated areas of Franklin County • Contact Washington State Dept. of Transportation (WSDOT) <ul style="list-style-type: none"> ○ If address is off a State Route/Highway (ex. SR 17, SR 260, US 395) • City of Mesa or Kahlotus <ul style="list-style-type: none"> ○ if constructing within the City of Mesa or Kahlotus 	<input type="checkbox"/> _____
<input type="checkbox"/>	<input type="checkbox"/>	On-Site Sewage Evaluation Report from the Benton-Franklin Health District, if: <ul style="list-style-type: none"> • Lot/Parcel is less than one (1) acre; or, • Remodel includes a new bedroom and/or shower; or, • The remodel increases the footprint of the original structure. 	<input type="checkbox"/> _____
<input type="checkbox"/>	<input type="checkbox"/>	Notarized Letter <ul style="list-style-type: none"> • Only required if the Developer/Building owner is different than the Land/Property owner 	<input type="checkbox"/> _____

Private Access Roads or Lanes – Shall be constructed to current Franklin County Design Standards

- For more information, please contact Franklin County Public Works Department, 3416 N. Stearman Ave, Pasco, WA 99301 (509-545-3514), or visit <https://www.franklincountywa.gov/DocumentCenter/View/1240/Design-Standards-PDF>

DISCLAIMERS:

- ❖ Additional items may be required if requested by staff.
- ❖ The Franklin County Planning and Building Department has adopted an “all or nothing” policy regarding building permit applications. If an item is missing, your application will be denied.
- ❖ Once all material in the checklist has been submitted to our office, staff will conduct a “determination of completeness” of an application. Once the application has been deemed complete, the permit will start the official review process.

If you have any questions, please feel free to contact the Planning and Building Department at (509) 545-3521 or email:

PlanningInquiry@FranklinCountyWA.gov

or

PermitSubmittal@FranklinCountyWA.gov



CONTRACTOR INFORMATION SHEET

Permit #: _____

Application will be denied if not fully complete.

Please provide the necessary information for each contractor and sub-contractor to the fullest extent possible.

Notify the Planning & Building Department of any change of contractor or sub-contractor.

S T A M P

Required with every permit application

Registration of Business Required per Franklin County Code Ch. 5.04.020.

A. Business registration is required for conformance with local and/or state laws. In the course of regulating businesses and occupation under its authority, Franklin County may require businesses and occupations affected with a public interest to obtain a business registration.

B. Where the ordinances of the County require a registration or fee for the conduct of any business, occupation or activity, no person shall engage in such business, occupation, or activity within the unincorporated areas of Franklin County unless said person has a valid county business registration.

Property Owner: _____

APPROVED BY:

Jobsite Address/Parcel Number: _____

General Contractor

County Business License #: _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

Office Review: _____

Excavation Contractor

County Business License #: _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

Office Review: _____

Footings & Foundation Contractor

County Business License #: _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

Office Review: _____

Concrete / Flatwork Contractor

County Business License #: _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

Office Review: _____

Plumbing Contractor

County Business License #: _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

Office Review: _____

Continued on next pages >>>>

HVAC Contractor

County Business License #: _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

Office Review: _____**Framing Contractor**

County Business License #: _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

Office Review: _____**Roofing Contractor**

County Business License #: _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

Office Review: _____**Masonry Contractor**

County Business License #: _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

Office Review: _____**Insulation Contractor**

County Business License #: _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

Office Review: _____**Drywall Contractor**

County Business License #: _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

Office Review: _____**Painting Contractor**

County Business License #: _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

Office Review: _____**Interior Flooring Contractor**

County Business License #: _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

Office Review: _____

Electrical Contractor

County Business License #: _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

Office Review: _____

Landscaping Contractor

County Business License #: _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

Office Review: _____

Septic System Contractor

County Business License #: _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

Office Review: _____

Well Driller Contractor

County Business License #: _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

Office Review: _____

Contractor Notes/Additional Comments: _____

OFFICE NOTES: _____

