



Franklin County, WA

New Residential Dwelling

Application Packet

Please submit the completed checklist, application form, and other related materials to permitsubmittal@franklincountywa.gov

All packet material listed should be submitted as **individual PDF (.pdf) files**.

- Do **NOT** send files via a cloud-based service (i.e. Google Drive, Microsoft OneDrive, Dropbox, etc.).
- *Multiple e-mails can be sent for one application.*
- The permit process will move forward faster if all items are fully complete before submittal.

If you have any questions regarding this checklist or the application form, please feel free to contact our office at (509) 545-3521.

DISCLAIMERS:

- ❖ Additional items may be required if requested by staff.
- ❖ Applications are reviewed as they come in.
- ❖ The Franklin County Planning and Building Department has adopted an “all or nothing” policy regarding permit applications. If any 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” review of an application. If the application material has been “deemed complete”, the official review process will start
- ❖ Our office does not expedite permit applications.

Please read the checklist and follow thoroughly.



New Residential Dwelling Application Packet

Required Building Documents

- | | | |
|--------------------------|---|--|
| <input type="checkbox"/> | Completed New Residential Dwelling Permit Application Form | <u>Office Review</u>
<input type="checkbox"/> Completed |
| <input type="checkbox"/> | Completed Contractor Information Sheet <ul style="list-style-type: none"> Must include business address, phone number, email, and UBI number for each contractor and sub-contractor. All contractors and sub-contractors must have/obtain a valid Franklin County Business License. | <input type="checkbox"/> Completed |
| <input type="checkbox"/> | Construction Drawings <ul style="list-style-type: none"> Scanned/Paper copies will be rejected due to low resolution/quality. <ul style="list-style-type: none"> The images can blur when enlarged during the plan review process. | <input type="checkbox"/> Submitted |
| <input type="checkbox"/> | Overall Structure Height <ul style="list-style-type: none"> Shall be shown on the "Elevations" page of the construction drawings. | <input type="checkbox"/> Completed |
| <input type="checkbox"/> | Wall Height(s) <ul style="list-style-type: none"> Shall be shown on the "Elevations" page of the construction drawings. | <input type="checkbox"/> Submitted |
| <input type="checkbox"/> | Truss Prints <ul style="list-style-type: none"> Shall bear the stamp and signature of a WA state licensed engineer. | <input type="checkbox"/> Submitted |
| <input type="checkbox"/> | Truss Layout | <input type="checkbox"/> Submitted |
| <input type="checkbox"/> | Floor framing plan from lumber supplier <ul style="list-style-type: none"> Cannot be bid, proposal, quote, or preliminary set. | <input type="checkbox"/> Submitted |
| <input type="checkbox"/> | Architect or Engineer to include header schedule evaluated per the Engineer Stamped Truss Prints and the header locations added on the floor plan. | <input type="checkbox"/> Completed |
| <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"/> Completed |
| <input type="checkbox"/> | Current Washington State Energy Compliance (WSEC) Form <ul style="list-style-type: none"> Energy Credit selection table must be on construction plans (per Tables R406.2 & R406.3) Page 1 shall be fully complete and signed by the applicant Full document shall be submitted with the application as a separate PDF file. | <input type="checkbox"/> Submitted |
| <input type="checkbox"/> | AHRI Certificates with equipment specifications <ul style="list-style-type: none"> Applies to all equipment selected on the WSEC form. <ul style="list-style-type: none"> Including: HVAC systems, mini-split systems, and water heater | <input type="checkbox"/> Submitted |
| <input type="checkbox"/> | Fireplace, Wood Stove, or Pellet Stove, if installed. <ul style="list-style-type: none"> Provide installation instructions for selected model. Please specify or highlight model. | <input type="checkbox"/> Submitted
<input type="checkbox"/> N/A |
| <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"/> Submitted
<input type="checkbox"/> N/A |

Required Miscellaneous Documents

- | | | |
|--------------------------|---|--|
| <input type="checkbox"/> | Sewage Disposal System Construction Permit from BFHD. <ul style="list-style-type: none"> Shall be signed by a Health District Official. If located within a sewer service area, this requirement may be waived. | <input type="checkbox"/> Completed
<input type="checkbox"/> Missing |
|--------------------------|---|--|



New Residential Dwelling Application Packet

- Road Approach Permit**
 - Required for the construction of any structure valued at or over \$25,000
 - Please contact one of the following agencies to obtain this permit:
 - Franklin County Public Works Department
 - If located within the unincorporated areas of Franklin County
 - Washington State Department of Transportation (WSDOT)
 - If located off a State Route/Highway (ex. SR 17, SR 260, US 395)
 - City of Kahlotus
 - If located within the city limits of Kahlotus
- Proof of Potable Water (please provide one of the following):**
 - Franklin County Water Availability Form
 - Well log from a licensed well driller or the WA Dept. of Ecology
 - Approval letter from Benton-Franklin Health District for a shared well
 - Farm Exemption Letter
 - Water Facilities Inventory Form from the WA Dept. of Health
 - Paid Water/Sewer Connection receipt from the City of Pasco
 - Signed Water/Sewer Connection Application from the City of Mesa
 - Signed Water/Sewer Connection Application from the City of Kahlotus
- Notarized Letter**
 - Required if the Developer/Building owner is different than the Land/Property Owner

Required Site Plan Items (Shall be on a single page)

- Property Lines**
 - Show the length in feet.
- Compass directional arrow**
 - Must indicate "North"
- Adjoining street name(s)**
 - If property is a corner lot, all street names must be shown.
- An "X" through all existing structures**

The location of the following:

- Driveway / Access Road**
 - Must be labeled.
- Existing structures**
 - Include any lean-to's, covered patios, decks, overhangs, etc.
- Septic tank**
 - Must match the approved septic permit location from BFHD.
- Septic travel line**
 - Must match the approved septic permit location from BFHD.
- Primary drain field**
 - Must match the approved septic permit location from BFHD.
- Reserve drain field**
 - Must match the approved septic permit location from BFHD.
- Municipal sewer line**
 - Required if connected to municipal sewer system.
- Municipal water meter**
 - Required if connected to municipal water system.



New Residential Dwelling Application Packet

- Existing private or shared well
 - Required if not connecting to municipal water system.
- The 100' well protection radius
 - Required if private or shared well is on the parcel
- Water supply line
 - Must be shown connecting the well/water meter to all structures receiving potable water.
- Recorded right(s)-of-way
 - Must show the area and width of the right(s)-of-way.
- Recorded access and/or utility easement(s)
 - Must show the area and width of the easement(s).
- Existing SCBID buried drain line(s)
 - Must show the drain line location and the easement area and widths.
- Existing canals
 - Must show the area and width of the canal.
- Attached garage/Accessory unit
 - Required only if located within the Rural Shoreline area or a designated UGA
- Solar Panels
 - Required only if installing on the ground

- Completed
- N/A
- Completed
- N/A
- Completed
- Completed
- N/A

The distance between the following:

- Nearest front corner of the proposed structure to the front property line
- Proposed structure to the rear and side property lines
- Proposed structure to any existing structures
 - Including sheds, shops, pool, hot tub, etc.

- Completed
- Completed
- Completed
- N/A

Known geo-hazards, including:

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

- Completed
- N/A
- Completed
- N/A
- Completed
- N/A
- Completed
- N/A

Setback Requirements

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



NEW RESIDENTIAL DWELLING PERMIT APPLICATION Permit #: _____

**** All applicaton items in BOLD must be completed ****

Incomplete applications will be denied.

S T A M P

Submit completed application to: permitsubmittal@franklincountywa.gov

Site Address _____ **City** _____ **State** _____ **Zip Code** _____

Parcel Number _____ **Legal Description** _____

Building Owner _____ **Current Address** _____ **City, State** _____ **Zip Code** _____ **Phone #** _____

Property Owner _____ **Mailing Address** _____ **City, State** _____ **Zip Code** _____ **Phone #** _____

Contractor _____ **Business Address** _____ **City, State** _____ **Zip Code** _____ **Phone #** _____

Main Contact (First and Last Name) _____ **UBI Number** _____ **WA State Contractor License #** _____ **Expiration Date** _____

Engineer/Architect/Designer _____ **Main Contact** (First and Last Name) _____ **E-Mail Address** _____ **Phone #** _____

After review of your plans, the Building Department staff may have comments or requests for additional information that are required prior to issuance of your permit. Please provide the preferred method of contact below.

Please select the preferred point of contact, provide all email addresses listed below, and print clearly.

- E-mail Address (Contractor): _____
- E-mail Address (Owner): _____
- E-mail Address (Other): _____

Use of Structure	Type of Construction	Domestic Water Source	
		Single-Family Well <input type="checkbox"/>	Shared Well <input type="checkbox"/>
		Farm Exempt <input type="checkbox"/>	City Water <input type="checkbox"/>

Section below must be completely filled in.

Square Footage: Main Floor: _____ 2nd Floor: _____ Garage: _____ Basement: _____

Covered Porch/Patio(s): No Yes »» Sq. Ft.: _____ **Total Square Footage:** _____

Overall Building Height: _____ **Wall Height:** _____ (Engineering req'd for walls over 10') **Basement Wall Height:** _____

of Bedrooms: _____ **# of Half Baths:** _____ **# of 3/4 Baths:** _____ **# of Full Baths:** _____

Is gas going to be installed in the dwelling: No Yes »» **Type of Gas:** Natural L.P.G.

New Propane Tank: No Yes »» Above Ground Under Ground »» Size of Tank: _____ gallons

Mini Split System: No Yes »» **# of Units:** _____ **HVAC System:** No Yes »» **# of Units:** _____

Water Heater: No Yes »» **Type:** Electric Natural Gas L.P.G. »» **# of Units:** _____

Fireplace: No Yes »» If "yes", provide the: **Qty** _____ and **Fireplace Type:** Electric Gas Wood Stove Pellet Stove

Scope of Work/Additional Comments: _____

OFFICE NOTES:

Rev. 2 (06/2024)



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.

Required with every permit application

S T A M P

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

Office Review: _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

County Business License #: _____

Excavation Contractor

Office Review: _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

County Business License #: _____

Footings & Foundation Contractor

Office Review: _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

County Business License #: _____

Concrete / Flatwork Contractor

Office Review: _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

County Business License #: _____

Plumbing Contractor

Office Review: _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

County Business License #: _____

Continued on next pages >>>>

HVAC Contractor*Office Review:* _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

County Business License #: _____

Framing Contractor*Office Review:* _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

County Business License #: _____

Roofing Contractor*Office Review:* _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

County Business License #: _____

Masonry Contractor*Office Review:* _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

County Business License #: _____

Insulation Contractor*Office Review:* _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

County Business License #: _____

Drywall Contractor*Office Review:* _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

County Business License #: _____

Painting Contractor*Office Review:* _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

County Business License #: _____

Interior Flooring Contractor*Office Review:* _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

County Business License #: _____

Electrical Contractor

Office Review: _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

County Business License #: _____

Landscaping Contractor

Office Review: _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

County Business License #: _____

Septic System Contractor

Office Review: _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

County Business License #: _____

Well Driller Contractor

Office Review: _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

County Business License #: _____

Contractor Notes/Additional Comments: _____

OFFICE NOTES: _____





FRANKLIN COUNTY

PLANNING AND BUILDING DEPARTMENT

Water Availability Notification Form

Please Complete Part A, B, or C

Parcel or Lot#: _____

PART A – To be completed only for valid Water Right Permits or Certificates

Use of water for this building is authorized by valid Water Right Permit or Certificate # _____, which has not been canceled or relinquished. **Please provide a copy of the permit or certificate.**

Owner Signature _____

Address _____

Date _____

PART B – To be completed by a desired water purveyor

The Public Water System, _____, State ID # _____, Water Right Permit or Certificate # _____, is capable of and will supply water to the project/short plat _____ for _____ connection(s) located at _____.

The above Public Water System is approved for _____ service connection(s) and currently serves _____. The water system facilities necessary to adequately provide service to this site have been designed, approved, and installed per WAC 248-054. Connection to the system must be completed within one year or this Availability Notification is void.

Purveyor Signature _____

Title _____

Address _____

Date _____

PART C – The water supply for this structure or proposed lot will be obtained from a nearby water source

Please select one of the following and provide a copy of the well log, if required:

_____ The above well is newly constructed. It was drilled by _____, a WA licensed well driller. **Please provide a copy of the well log.**

_____ The well has been in existence and in use since _____. Less than 5,000 gallons of water per day will be used from the well and less than 1/2 acre will be irrigated. **Please provide a copy of the well log.**

_____ The source of water is a _____, which does not require a water right permit. **Please provide documentation approval.**

_____ The source of water will be from a future well. It will be drilled at the time of development. **Only applies to Short Plat applications.**

I hereby accept and verify that the water supply serving this building is potable (suitable for drinking).

Owner Name (Print) _____

Applicant Signature _____

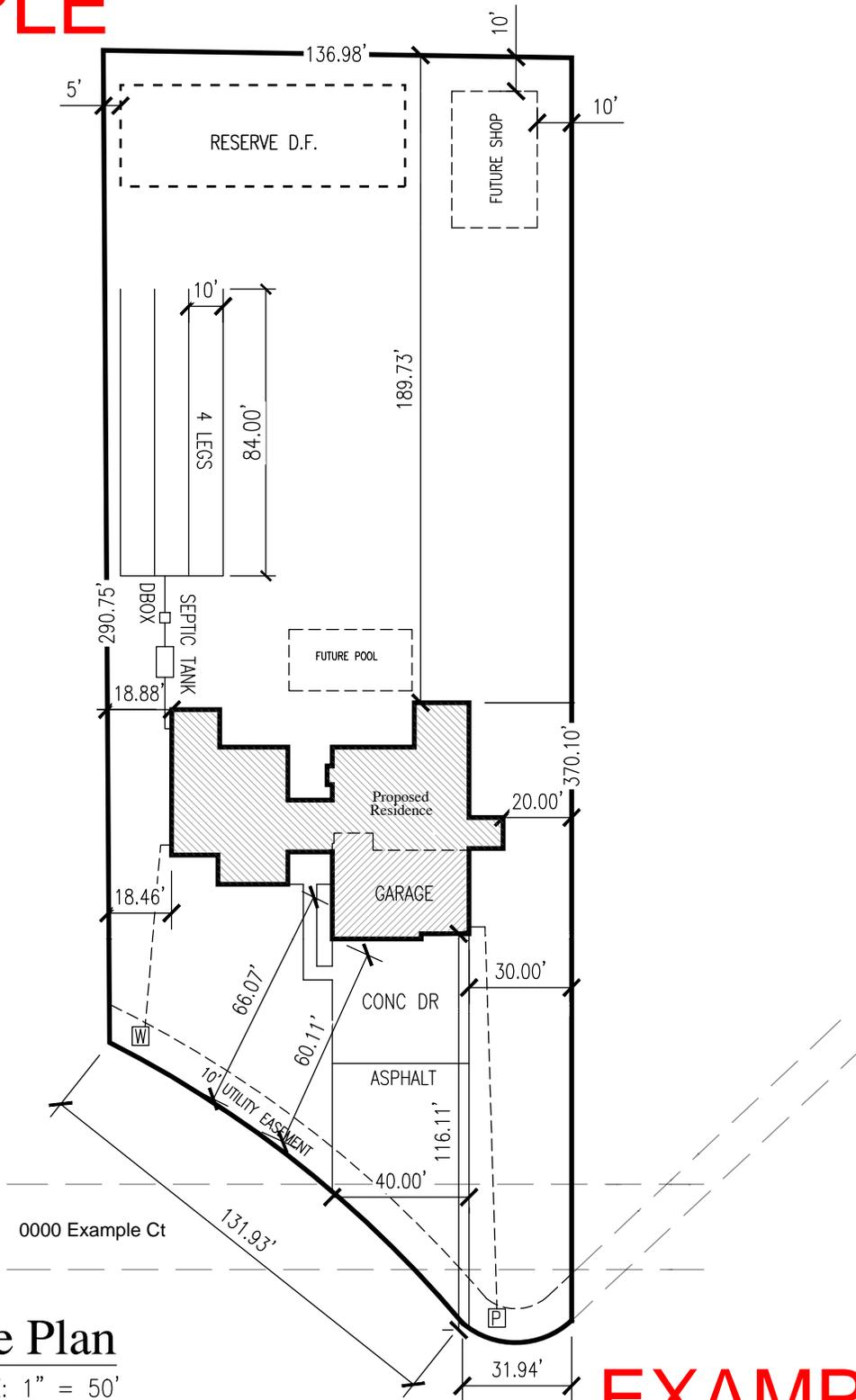
Address _____ Date _____

LAND USE – ZONING CODE – BUILDING CODE – FIRE CODE – CODE ENFORCEMENT – BUSINESS REGISTRATION

502 W. BOEING ST. - PASCO, WA 99301 - [509] 545-3521 - FAX [509] 546-3367 - BURN LINE [509] 545-3586 - BLDG. INSP. LINE [509] 545-3522

WWW.FRANKLINCOUNTYWA.GOV

EXAMPLE



Site Plan

SCALE: 1" = 50'

EXAMPLE

LEGAL DESCRIPTION:

EAGLE CREST PHASE X LOT X
FRANKLIN COUNTY, WA

TAX PARCEL #: 000-000-000

TOTAL LIVABLE SF:	4526
GARAGE SF:	1076
COVERED AREA SF:	644

LEGEND:

W=WATER
I=IRRIGATION
S=SEWER
P=POWER



City of Pasco, Washington

Application for Water / Sewer Services

Number of Parking Spaces: 0
 New Service No: **NS18-0594**

Account #:	Lock Meter Off?: No (Activate)	Date: 10/31/2018	Application Number:
What Services: W	IRR Acreage: 0	Service Type: RESIDENTIAL	
Location Description: 1 - Single Family Home		Service Area: Outside City	
Billing Classification: Water Single Family		Billing Classification: Sewer	

Legal Description: Lot **081** Block **000** Addition **SPENC2**

Parcel Number: Frontage: **0 ft** Depth: **0 ft** Area: **0 sf**

Additional Legal Description:

Meter Address:	Annexation Agreement: Yes
Name of Applicant:	Name of Owner:
Billing Name:	Site/Field Contact:
Billing Address:	
City, State & Zip:	

Water Service Type: **Meter Only** Meter Reconnection?:

Meter #:	Date Installed:	Make:	Reading:
Size (in):	# of Digits:	# of Dials:	
Water Patch Length (ft): 0	Sewer Patch Length (ft): 0	Sewer Depth (ft): 0	

Explanation:

FEES	
BASE WATER RIGHTS ACQUISITION FEE	\$700.00
3/4 INCH DISPLACEMENT	\$220.00
W FEE - SF - IRREGULAR LOT	\$914.59
W SYSTEM FEES - OUTSIDE - 3/4 INCH	\$684.00
Total Fees	\$2,518.59

PAID

Receipt Number: **M83179**

Paid Date: **11/13/2018**

Balance Due \$ 0.00

EXAMPLE

The sewer deposit for patch will be refunded after inspection and acceptance by the Engineering Department.

The applicant's signature is accepted understanding applicant has permission from the record owner of the property to make this application and is acting in the property owner's interest.

Applicant further agrees to conform to all ordinances, rules and regulations now in existence and as hereafter amended or supplemented governing the Water/Sewer utilities.

Applicant further agrees that the City shall have the right to shut off the water supply at any time without prior notice for repairs, extensions, nonpayment of rates, or for other good cause, and that the City shall not be responsible for any damage caused by breaking, bursting or collapsing of any boilers, pipes or fixtures or by the stoppage or interruption of the water supply, the shutting off of the water as a condition precedent to receiving water service.

Applicants for water service who are converting to the City utility from well service must disconnect their well water to their residence prior to connection of City water service to prevent contamination of the City water supply.

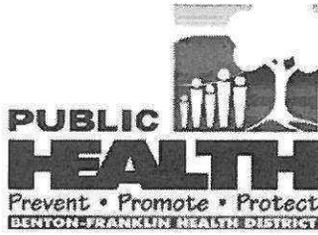
WATER METER AND/OR SERVICE WILL BE INSTALLED BY THE CITY WITHIN 14 DAYS OF THE DATE ON THIS APPLICATION.

Signature of Applicant

Date **11/13/2018**

Signature of City personnel filling out report

EXAMPLE



BENTON-FRANKLIN HEALTH DISTRICT
7102 W OKANOGAN PLACE
KENNEWICK, WA 99336

Sewage Disposal System Construction Permit

Owner: John Doe
0000 No Name Street
Pasco, WA
99301

Permit Number: 00000
Date Permit Issued: May 04, 2021
Date Permit Expires: May 04, 2022
County: Franklin

Location Information

Property Address	0000 No Name Street	Subdivision/Legal:	[insert legal description]
City:	Pasco	Lot:	2
Parcel Number:	000-000-000		

This system shall be installed by a licensed installer and be inspected and approved by the Benton-Franklin Health District before being covered. This permit shall expire one year from the date of issuance.

This permit has been issued based upon presently known site conditions and the information contained on the permit application. Any construction taking place on said property must be as indicated on the permit or revocation of this permit may result. This permit is subject to all applicable zoning laws and it is the permittee's responsibility to comply with said laws prior to system installation. All construction taking place shall be in compliance with Benton-Franklin Health District Rules and Regulations No. 2.

General Information

Type of Structure:	Single Family	Number of Bedrooms:	5
Designed by:	PE	Average Daily Flow:	450
Type of System:	Conventional Gravity	Maximum Daily Flow:	600
Treatment Level:	E		

Pretreatment Information

Septic Tank Size: 1500 gal.
Depth of Burial: 0 inches
Outlet Baffle Filter: Yes
Pump Chamber Size:
Dose Volume:
Reserve Volume:

Drainfield Information

Drainfield size: 825 sq ft
Drainlines length: 55 feet
Drainlines number: 5
Maximum trench depth: 36 inches
Aggregate depth: 12 inches
Distribution: Distribution Box

EXAMPLE

EXAMPLE

Conditions

- Follow approved plot plan, maintain all setbacks.
- Maintain 100' minimum from subsurface sewage disposal system to all wells.
- Maintain 50' minimum from septic tank to all wells.
- Maintain positive drainage away from the drainfield.
- Divert roof drains and surface water from drainfield area .
- All components of the sewage system must be installed in accordance with the engineers plans stamped approved by the Benton-Franklin Health District.
- The sewage disposal system must be installed by a septic installer licensed within the Benton-Franklin Health District.

This permit to install an on-site sewage system is granted in accordance with Benton-Franklin District Board of Health Rules and Regulations No. 2.



Deana Chiodo
Environmental Health Specialist

Amy Person M.D.
District Health Officer

EXAMPLE

Certificate of Product Ratings

AHRI Certified Reference Number : 206428769 Date : 12-28-2022 Model Status : Active

Brand Name : A. O. SMITH

Model Number : HPTU-50N 1**

Rated as follows in accordance with Department of Energy (DOE) Water Heater test procedures as published in the latest edition of the Code of Federal Regulations, 10 CFR Part 430 Subpart B Appendix E and subject to verification of rating accuracy by AHRI-sponsored, independent, third party testing:

First Hour Rating (GPH) : 66

Uniform Energy Factor : 3.45

The following data is for reference only and is not certified by AHRI

Energy Source : Heat Pump with Tank

Heater Type : Storage

Usage Bin : Medium Usage

Nominal Capacity (gal) : 50

DOE Rated Storage Volume (gal) : 46

Input (kW) : 4.5

Recovery Efficiency, (%) : 407

Heat Traps : Yes



EXAMPLE

†"Active" Model Status are those that an AHRI Certification Program Participant is currently producing AND selling or offering for sale; OR new models that are being marketed but are not yet being produced."Production Stopped" Model Status are those that an AHRI Certification Program Participant is no longer producing BUT is still selling or offering for sale.
Ratings that are accompanied by WAS indicate an involuntary re-rate. The new published rating is shown along with the previous (i.e. WAS) rating.

DISCLAIMER

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we make life better™

CERTIFICATE NO.:

133167304136453468