

Application Checklist – Addition (to an existing structure)



Please read and follow thoroughly.

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

- 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.

Check the box (☐) once an item is ready to be submitted

Required Building Information

- ☐ Completed Permit Application Form
- ☐ Completed Contractor Information Sheet
 - 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.
- ☐ Construction Drawings
 - 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.
- ☐ Overall Structure Height (if addition is vertical)
- ☐ Wall Height(s)
- ☐ Truss Layout
- ☐ Truss Prints
 - Shall bear the stamp and signature of a WA state licensed engineer.
- ☐ Floor framing plan from lumber supplier
 - Cannot be bid, proposal, or preliminary set.
- ☐ Architect or Engineer to include **header schedule** evaluated per the Engineer Stamped Truss Prints and **header locations** added on the floor plan.
- ☐ Architect or Engineer to **evaluate footing sizing** per the Engineer Stamped Truss Prints and **add enlarged footings** where applicable.
- ☐ 2018 Washington State Energy Compliance (WSEC) Form
 - **Energy Credit selection table must be on construction plans** (per Tables R406.2 & R406.3)
 - Page 1 must be fully complete and signed by the applicant.
 - Full document shall be submitted with the application as a separate PDF file.
- ☐ AHRI Certificates with equipment specifications.
 - Applies to all equipment selected on the WSEC form.
 - Including: HVAC systems, mini-split systems, and water heater
- ☐ Fireplace, Wood Stove, or Pellet Stove, if installed
 - Provide manufacturer specifications and installation instructions for selected model.
 - Please specify or highlight model.
- ☐ Engineer approval for moving interior and/or exterior walls
- ☐ Structural/Lateral Engineering, plans and calculations, required if:
 - 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.

Office Review

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Required Site Plan Information (if increasing the existing footprint of structure)

- ☐ Compass directional arrow, indicating North
- ☐ Street Name(s)

Office Review

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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.
 - 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 of the property (as measured along the road), all structures shall follow the underlying zoning district setbacks.
 - *Please contact a Planner for more information.*

Required Miscellaneous Items

Office Review

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|---|--------------------------------|
| <input type="checkbox"/> Road Approach Permit | <input type="checkbox"/> _____ |
| <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 located within the unincorporated areas of Franklin County.• Contact Washington State Dept. of Transportation (WSDOT)<ul style="list-style-type: none">○ If located off a State Route/Highway (ex. SR 17, SR 260, US 395).• City of Mesa or Kahlotus<ul style="list-style-type: none">○ If located within the City of Mesa or Kahlotus. | |
| <input type="checkbox"/> On-Site Sewage Evaluation Report from the Benton-Franklin Health District, if: | <input type="checkbox"/> _____ |
| <ul style="list-style-type: none">• Lot/Parcel is less than one (1) acre; or,• The addition adds another bedroom; or,• The addition increases the footprint of the original structure. | |
| <input type="checkbox"/> Notarized Letter | <input type="checkbox"/> _____ |
| <ul style="list-style-type: none">• Only required if the Developer/Building owner is different than the Land/Property owner | |

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



BUILDING PERMIT APPLICATION -- ADDITION (to an existing structure) 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 # _____

Email Address _____ UBI Number _____ WA State Contractor License # _____ Expiration Date _____

Engineer/Architect/Designer _____ E-Mail Address _____ Phone # _____

Franklin County Business License Number: _____ (Please visit <https://dor.wa.gov/> or contact staff for more information)

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

Please mark the preferred method of contact, provide the necessary information, and print clearly.

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

Valuation of Project

Type of Addition: Bedroom Full Bathroom Half Bathroom Office Garage Kitchen
(select all that apply) Covered Porch Covered Patio Other (please specify): _____

Section below is for New Additions only Please provide AHRI Certificate(s) for all applicable items

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

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

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

New Bedroom(s): No Yes »» **# of Bedrooms:** ____ **New Baths:** No Yes »» # of 1/2: ____ # of 3/4: ____ # of Full: ____

New Water Heater: No Yes »» Electric (# of Units: ____) Natural Gas (# of Units: ____) L.P.G. (# of Units: ____)

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

New Fireplace: No Yes »» If "yes", please select the fireplace type: Electric Gas Wood Stove Pellet Stove

Please provide or attach a DETAILED scope of work: _____

OFFICE NOTES:



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

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: _____

