

# Application Checklist – Factory Assembled Structures (F.A.S.)



**Please read and follow thoroughly.**

Submit all items listed below as **individual PDF files** to [PermitSubmittal@FranklinCountyWA.gov](mailto: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 Permit Application Information**

- ☐ Completed F.A.S. Placement Permit Application form
- ☐ Completed F.A.S. Contractor Information Sheet
- ☐ Washington State Installer’s Certification
  - Please provide certification documentation

Office Review  
☐ \_\_\_\_\_  
☐ \_\_\_\_\_  
☐ \_\_\_\_\_

For **NEW** Factory Assembled Structures, please provide the following:

- ☐ Year, Make and Model Number
- ☐ Serial Number (if available)
- ☐ Cost/Valuation of structure (before taxes)
- ☐ Manufacturer Setup Manual
- ☐ Engineering Plans (if F.A.S. is placed on a basement)
- ☐ Copy of Purchase/Sales Order

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For **USED** Factory Assembled Structures/Mobile Homes, please provide the following:

- ☐ An Alteration Fire/Safety Inspection Report from WA Dept. of Labor & Industries
  - Required if F.A.S. was built before 1976
  - Shall be completed and approved **before** placement of F.A.S.
    - Please submit the L & I Report with this application.
- ☐ Title or Registration of Legal Ownership
- ☐ State ID required for Title or Registration Verification.
- ☐ Where the home came from.
  - Please provide site address of previous location.
  - Including the previous owner’s name, mailing address, phone number, & email address

☐ \_\_\_\_\_  
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## **Required Miscellaneous Items**

- ☐ 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

Office Review  
☐ \_\_\_\_\_



# Application Checklist – Factory Assembled Structures (F.A.S.)



## Distances from the:

- Nearest front corner of the proposed F.A.S. 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 tubs, etc.

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

## 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

<input type="checkbox"/>	_____

## 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.*

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## 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>

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## 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.

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

[PlanningInquiry@FranklinCountyWA.gov](mailto:PlanningInquiry@FranklinCountyWA.gov) or [PermitSubmittal@FranklinCountyWA.gov](mailto:PermitSubmittal@FranklinCountyWA.gov)



# F.A.S. PLACEMENT PERMIT APPLICATION

Permit #: \_\_\_\_\_

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

**License and certification numbers must be provided.**

S T A M P

Submit completed application to: [PermitSubmittal@FranklinCountyWA.gov](mailto:PermitSubmittal@FranklinCountyWA.gov)

Manufactured Home

Mobile Office

Site Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parcel Number \_\_\_\_\_ Legal Description \_\_\_\_\_

F.A.S. Owner \_\_\_\_\_ Mailing Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_

Legal Property Owner \_\_\_\_\_ Mailing Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_

Dealer/Previous Owner \_\_\_\_\_ Mailing Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_

General Contractor \_\_\_\_\_ Business Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_

E-Mail Address \_\_\_\_\_ UBI Number \_\_\_\_\_ WA State Contractor License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Address Being Moved From: \_\_\_\_\_

Parcel #: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

*Office Use Only:*  
State ID Verified:  Yes  No  
P.O. or V.I.N. Provided:  Yes  No

After review of your plans, the Building Department may have comments or requests for additional information that are required prior to issuance of your placement 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 Dwelling:**  
\_\_\_\_\_

**All F.A.S. shall be on a permanent foundation when placed within an Urban Growth Area.**

Is the F.A.S.? New  Used  **L&I approval required for Pre-1976.** Model Year: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Serial #: \_\_\_\_\_

Color: \_\_\_\_\_ Size: \_\_\_\_\_ # of Sections: \_\_\_\_\_ # of Bedrooms: \_\_\_\_\_ # of Bathrooms: Full \_\_\_\_\_ Half \_\_\_\_\_

Skirting Material: Metal  P.T. Wood  Concrete Block  **Concrete Slab:** 4" Fibered  6" Standard

6"x12" Concrete Footings with 6"x24" Concrete Wall: Yes  No  **Water Source:** Single Well  Shared Well  City

**Multiple dwellings on a single parcel requires Planning Department approval.**

Is this the only dwelling on the parcel? Yes  No  If "No", how many dwellings now exist? \_\_\_\_\_

**Does this F.A.S. replace an existing dwelling?** Yes  No   
If "Yes", was it moved within Franklin County? Yes  No   
and, where was it moved to? \_\_\_\_\_

OFFICE NOTES:

Rev. 0 (12/2023)



# F.A.S. 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: \_\_\_\_\_

### Concrete Installer (must provide copy of valid installer certificate)

County Business License #: \_\_\_\_\_

Company Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Installer Certificate #: \_\_\_\_\_

Phone Number: \_\_\_\_\_

UBI Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Office Review: \_\_\_\_\_

### Skirting Installer (must provide copy of valid installer certificate)

County Business License #: \_\_\_\_\_

Company Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Installer Certificate #: \_\_\_\_\_

Phone Number: \_\_\_\_\_

UBI Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Office Review: \_\_\_\_\_

### Blocking Installer (must provide copy of valid installer certificate)

County Business License #: \_\_\_\_\_

Company Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Installer Certificate #: \_\_\_\_\_

Phone Number: \_\_\_\_\_

UBI Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Office Review: \_\_\_\_\_

<b>HVAC Contractor</b>	County Business License #: _____
Company Name: _____	Business Address: _____
E-mail Address: _____	_____
Phone Number: _____	_____
UBI Number: _____	Office Review: _____

<b>Plumbing Contractor</b>	County Business License #: _____
Company Name: _____	Business Address: _____
E-mail Address: _____	_____
Phone Number: _____	_____
UBI Number: _____	Office Review: _____

OFFICE NOTES: \_\_\_\_\_

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# 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.

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

## WATER WELL REPORT



### Type of Work:

Construction  
 Decommission  $\iff$  Original installation NOI No. \_\_\_\_\_

**Proposed Use:**  Domestic  Industrial  Municipal  
 Dewatering  Irrigation  Test Well  Other \_\_\_\_\_

**Construction Type:**  New well  Alteration  Deepening  Other \_\_\_\_\_  
**Method:**  Driven  Dug  Jetted  Cable Tool  Air-  Mud-Rotary

**Dimensions:** Diameter of boring 8 in., to 181 ft.  
 Depth of completed well 179 ft.

Construction Details:		Casing		Liner		Diameter		From		To		Wall Thickness		Steel		PVC		Welded		Thread	
<input checked="" type="checkbox"/>	<input type="checkbox"/>																				

**Perforations:**  Yes  No Type of perforator used \_\_\_\_\_  
 No. of perforations \_\_\_\_\_ Size of perforations \_\_\_\_\_ in. by \_\_\_\_\_ in.  
 Perforated from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. below ground surface

**Screens:**  Yes  No  K-Packer  $\iff$  Depth \_\_\_\_\_ ft.  
 Manufacturer's Name \_\_\_\_\_  
 Type \_\_\_\_\_ Model No. \_\_\_\_\_  
 Diameter \_\_\_\_\_ Slot size \_\_\_\_\_ in. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 Diameter \_\_\_\_\_ Slot size \_\_\_\_\_ in. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**Sand/Filter pack:**  Yes  No Size of pack material \_\_\_\_\_ in.  
 Materials placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**Surface Seal:**  Yes  No To what depth? 20 ft.  
 Material used in seal BENTONITE  
 Did any strata contain unusable water?  Yes  No  
 Type of water? \_\_\_\_\_ Depth of strata \_\_\_\_\_  
 Method of sealing strata off \_\_\_\_\_

**Pump:** Manufacturer's Name \_\_\_\_\_ Type: \_\_\_\_\_  
 H.P. \_\_\_\_\_ Pump intake depth: \_\_\_\_\_ ft. Designed flow rate: \_\_\_\_\_ gpm

**Water Levels:** Land-surface elevation above mean sea level 367 ft.  
 Stick-up of top of well casing 2 ft. above ground surface  
 Static water level 21 ft. below top of well casing Date 3-22-2023  
 Artesian pressure \_\_\_\_\_ lbs. per square inch Date \_\_\_\_\_  
 Artesian water is controlled by \_\_\_\_\_ (cap, valve, etc.)

**Well Tests:**  
 Was a pumping test performed?  No  Yes  $\iff$  by whom? \_\_\_\_\_  
 Yield \_\_\_\_\_ gpm with \_\_\_\_\_ ft. drawdown after \_\_\_\_\_ hrs.  
 Yield \_\_\_\_\_ gpm with \_\_\_\_\_ ft. drawdown after \_\_\_\_\_ hrs.  
 Yield \_\_\_\_\_ gpm with \_\_\_\_\_ ft. drawdown after \_\_\_\_\_ hrs.  
 Recovery data (time = zero when pump is turned off - water level measured from well top to water level)

Time	Water Level	Time	Water Level	Time	Water Level
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Date of pumping test \_\_\_\_\_  
 Bailer test \_\_\_\_\_ gpm with \_\_\_\_\_ ft. drawdown after \_\_\_\_\_ hrs.  
 Air test 35 gpm with stem set at 175 ft. for 1 hrs. Date 3-21-2023  
 Artesian flow \_\_\_\_\_ gpm  
 Temperature of water cold ° F Was a chemical analysis made?  Yes  No

**WELL CONSTRUCTION CERTIFICATION:** I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

Driller  Trainee  PE - Print Name Andres Alatorre  
 Signature \_\_\_\_\_  
 License No. 3301  
 IF TRAINEE: Sponsor's License No. \_\_\_\_\_  
 Sponsor's Signature \_\_\_\_\_

Notice of Intent No. WE52081  
 Unique Ecology Well ID Tag No. BPS804  
 Site Well Name (if more than one well): \_\_\_\_\_  
 Water Right Permit/Certificate No. \_\_\_\_\_

Property Owner Name \_\_\_\_\_  
 Well Street Address \_\_\_\_\_  
 City \_\_\_\_\_ County Franklin  
 Tax Parcel No. \_\_\_\_\_

Was a variance approved for this well?  Yes  No  
 If yes, what was the variance for? \_\_\_\_\_

Location (see instructions on page 2):  WWM or  EWM  
NE 1/4-1/4 of the NE 1/4; Section 1 Township 9 Range 28  
 Latitude (Example: 47.12345) 46.29412  
 Longitude (Example: -120.12345) -119.25383

**Driller's Log/Construction or Decommission Procedure**  
 Formation: Describe by color, character, size of material and structure, and the kind and nature of the material in each layer penetrated, with at least one entry for each change of information. Use additional sheets if necessary.

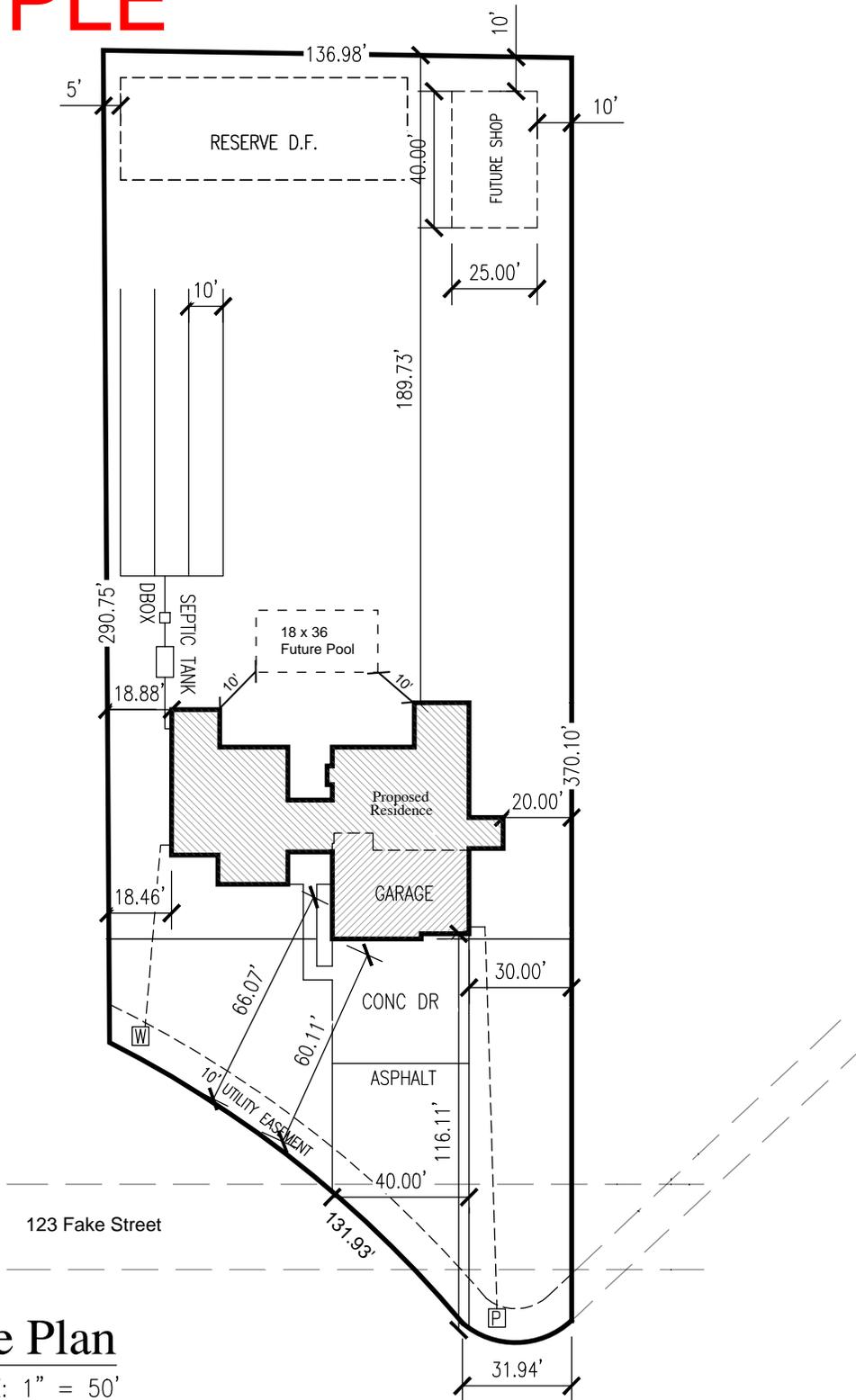
Material	From	To
Sandy Gravels	0	14
Fine Sand	14	38
Sandy Clay and Small Gravels	38	95
Grey Clay	95	106
Course Gravels and Sand	106	158
Grey Clay	158	165
Fractured Basalt (35 GPM)	165	181

**EXAMPLE**  
 Start Date 3-15-2023 Completed Date 3-22-2023

Drilling Company Stillwater LLC  
 Address 1118 N Oregon Ave  
 City, State, Zip Pasco Wa 99301  
 Contractor's  
 Registration No. STILL\*\*916KO Date 3-27-2023

The Department of Ecology does NOT warranty the Data and/or information on this well report.

# EXAMPLE



## Site Plan

SCALE: 1" = 50'

A4 - 8 1/2" X 11 PAPER

### LEGAL DESCRIPTION:

EAGLE CREST PHASE \_ LOT \_  
FRANKLIN COUNTY, WA

TAX PARCEL #: 000-000-000

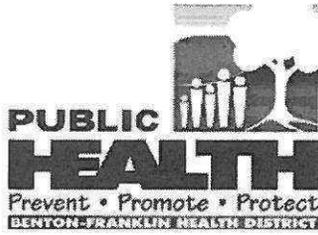
# EXAMPLE

TOTAL LIVABLE SF:	<b>4526</b>
GARAGE SF:	1076
COVERED AREA SF:	644

### LEGEND:

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

# 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

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

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