



City of Aberdeen

Planning & Building Division

200 E. Market St., WA 98520

(360) 537-3214 Fax (360) 537-3350

DEVELOPMENT APPLICATION

Submittal Date: _____

Building Permit #: _____
to be assigned by City

Please complete entire form. If a section is not applicable to your project, please indicate as n/a, not applicable. An application cannot be approved if information is incomplete. Please submit two complete sets of plans/drawings/specifications for each permit application submitted. Application must be signed and dated. Plan check fee (65% of building or mechanical permit fee, as applicable) is due at time of submittal.

Please note that each city department will review this application for compliance with all applicable city codes and ordinances. Each department is responsible for reviewing and contacting you directly regarding your application and you will need to respond to each department's requirements accordingly. When all departments have signed off on this form, you will be notified that the necessary permits are ready to be issued. Minimum review time is two weeks.

Building Information: Total Project Cost [Materials and Labor] \$ _____

- 1. Parcel Number _____ Site Address _____
if new construction City will assign address
- 2. Applicant Information (If not owner) Name/Address/Phone: _____
- 3. Owner Name: _____ E-mail address _____
- 4. Owner Address: _____ City _____ Zip _____ Phone () _____
- 5. Contractor Business Name: _____
- 6. Contractor Mailing Address: _____
- 7. Contractor Phone: () _____ Contractor Registration No.: _____ Expiration Date _____
- 8. If owner-builder, will you be occupying this structure? Yes No Renting? Yes No Selling? Yes No
- 9. Describe what you plan to build _____
- 10. Use of improvement: Residential Commercial Industrial Garage Storage Other _____
- 11. Square footage of proposed remodel/addition/construction: Dwelling _____ sq ft. Garage _____ sq ft Other _____ sq ft

Mechanical Information: Total Project Cost [Materials and Labor] \$ _____

- 1. Primary Heat Source: Heated Yes No
Fuel - Electric ; Natural Gas ; Oil ; Other _____ Size _____ BTU's
Type - Forced Air Furnace Zone Radiant Other (explain) _____
Will you be installing a Heat Pump? Yes No Number of Thermostats _____
Will you be installing Ductless Mini Split Heat Pump? Yes No
Will you be installing an LPG burning appliance? Yes No
 Range Fireplace _____ BTU'S Hot water Tank _____ BTU'S Other _____
Will you be installing a wood-burning appliance? Yes No
Exhaust Fans/Number? _____ Range Hood: Yes No Bathroom Fans: Yes No Dryer Vent Yes No
- 2. Contractor Business Name _____
- 3. Contractor Address _____
- 4. Contractor Phone () _____ Contractor Registration No.: _____ Expiration Date _____

Plumbing Information:

1. Sinks # _____ Dishwashers # _____ Clothes Washers # _____ Toilets # _____ Urinals # _____ Showers # _____
 Bathtubs # _____ Bathtub/Shower combos # _____ Water Heaters # _____ Floor Drains # _____
2. Drinking Fountains # _____ Hose Bibs # _____ Other (identify and #) _____
3. Contractor Business Name _____
4. Contractor Address _____
5. Contractor Phone () _____ Contractor Registration No: _____ Expiration Date _____

Electrical Information: Please complete and submit separate application form.

I CERTIFY THAT THE INFORMATION FURNISHED BY ME IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. (Application must be signed and dated.)

OWNER OR AGENT: _____
 Print Name

OWNER OR AGENT: _____
 Signature Date

-----DO NOT WRITE BELOW THIS LINE. FOR OFFICE USE ONLY-----

DEPARTMENT	DATE RECEIVED	REVIEWED BY / DATE	APPROVED AS RECEIVED?	IF NOT APPROVED AS SUBMITTED
Building			<input type="checkbox"/> YES <input type="checkbox"/> NO	<p>ATTENTION ALL PLAN REVIEWERS:</p> <p>IF THIS PLAN SUBMITTAL FOR PERMIT(S) DOES NOT MEET YOUR DEPARTMENT'S REQUIREMENTS, PLEASE ATTACH A SEPARATE, TYPED PAGE LISTING WHAT THE DEFICIENCIES ARE AND CONTACT THE APPLICANT DIRECTLY WITH WHAT IS REQUIRED FOR APPROVAL BY YOUR DEPARTMENT. DIRECT THE APPLICANT TO SUBMIT REQUIRED INFORMATION TO THE BUILDING DEPARTMENT.</p> <p>WHEN REVIEW IS COMPLETED AS DIRECTED ABOVE, RETURN APPLICATION, PLANS AND COPY OF YOUR COMMENTS TO THE BUILDING DEPARTMENT.</p>
Electrical			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Engineering	A)	A)	A) <input type="checkbox"/> YES <input type="checkbox"/> NO	
A) Storm Drainage				
B) Flood Plain	B)	B)	B) <input type="checkbox"/> YES <input type="checkbox"/> NO	
C) Right-of-Way	C)	C)	C) <input type="checkbox"/> YES <input type="checkbox"/> NO	
Fire			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Planning			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Sewer			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Water			<input type="checkbox"/> YES <input type="checkbox"/> NO	

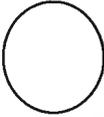
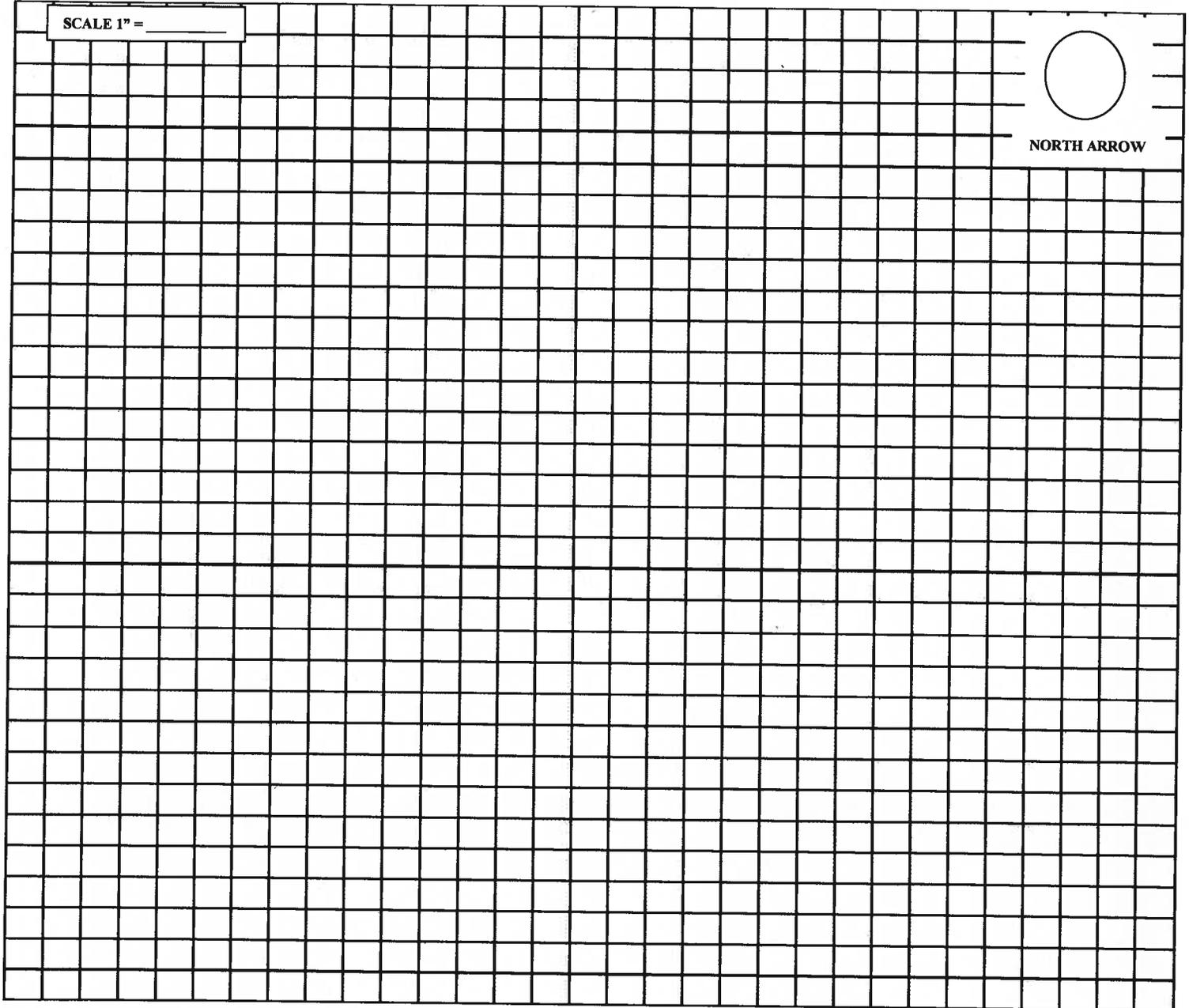
SITE PLAN
(This is not a permit)

Parcel Number: _____

Building Permit Number: _____

INSTRUCTIONS: Show the following information on the site plan and mark the appropriate box. Mark "N/A" next to box if item does not apply.

- 1. North arrow & scale. 2. Boundary lines showing entire property including any easements or rights-of-way. 3. Springs within 100 feet of property.
- 4. Major features of property (ravines, seasonal creeks, bodies of water). 5. Paved surfaces (i.e. driveways, patios, etc.) 6. Arrows showing direction of slopes.
- 7. Structures, label existing and proposed with dimensions and distances from lot lines and other structures on the site.

SCALE 1" = _____	 NORTH ARROW
	

I understand that any permits issued by the City of Aberdeen consistent with the above site plan are valid only if allowed by all applicable laws and codes. Further, that all permits issued are valid only if construction is according to this plan. This site plan shows all existing and proposed structures.

OWNER/APPLICANT SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

Zoning _____	Front Yard Setback _____	Shoreline _____	Setback _____
	Side Yard Setback _____		Height _____
	Rear Yard Setback _____		
Flood Zone _____	Panel _____	Reviewed By: _____	Date _____