

BUILDING APPLICATION - RESIDENTIAL



PLANNING & BUILDING
DEPARTMENT
201 CENTER ST. W
EATONVILLE WA 98328
360-832-3361 EXT 114

**PERMIT
NUMBER:** _____

WORK TYPE: _____ NEW _____ ADDITION _____ REMODEL _____ OTHER: _____

SITE ADDRESS				PROJECT VALUATION			
PARCEL NUMBER							
APPLICANT		PHONE		EMAIL			
ADDRESS (Street, City, State, Zip)							
PROPERTY OWNER		PHONE		EMAIL			
ADDRESS (Street, City, State, Zip)							
CONTRACTOR		PHONE		EMAIL			
ADDRESS (Street, City, State, Zip)							
CONTRACTOR LICENSE #			EXP DATE				
PROJECT DESCRIPTION							
CONSTRUCTION DETAILS							
Existing		New		Existing		New	
1st floor:			Garage/Carport:			Is the House Sprinkled?	
2nd floor:			Covered Deck/Patio:			____Yes ____No	
Basement:			Uncovered Deck:			Is the Property Served by:	
# Bedrooms:		# Bathrooms:				____Sewer ____Septic	
Lot Size(sf):		Total Structure Lot Coverage(sf):				Total Impervious Surface (SF):	

An application for a permit for any proposed work shall be deemed to have been abandoned 180 day after date of filing, unless such application has been pursued in good faith or a permit has been issued.

I hereby certify that I have read and examined this application and know the same to be true and correct, and I am authorized to apply for this permit. All provisions of law and ordinances governing this type of work will be complied with whether specified herein or not.

Print Name: _____

Owner _____ Agent/Other _____

Signature: _____

Date: _____

The Town of Eatonville is an Equal Opportunity Employer and Provider.



SINGLE-FAMILY RESIDENCE

Submittal Checklist

INSTRUCTIONS: A Single-Family Residence (SFR) submittal checklist is required to be used for submitting a complete SFR application. Once each item has been completed/assembled in the checklist, please check the appropriate box.

****SFRs include applications for manufactured homes. ****

- ☐ A completed & signed Building Permit Application & SFR Submittal Checklist
(all lines must be completed; please include NA for items that do not apply)
- ☐ A complete Site Plan pursuant to the “*Site Plan Requirements-2020*” example;
(found at: <https://eatonville-wa.gov/building-dept/>)
- ☐ Construction Drawings w/Engineering on plans (electronic PDF format only)
- ☐ Lateral and Gravity Structural Calculations
- ☐ Engineers Truss Drawings
- ☐ A completed Energy Form
(found at: <http://www.energy.wsu.edu/BuildingEfficiency/EnergyCode.aspx>)
- ☐ A completed Residential Plumbing & Mechanical Application and Checklist
(found at: <https://eatonville-wa.gov/>)
- ☐ A complete Front Yard Landscaping Plan (for new single-family residences)
- ☐ A complete building elevation view(s) facing the street (EMC Title 19 Design Standards and Guidelines review is required for new SFRs and major remodels)
- ☐ A completed Storm Water Management and Erosion Control Permit Application
(found at: <https://eatonville-wa.gov/>)
- ☐ A copy of the Contractors License and Town of Eatonville Business License
(Business License acquired through <https://dor.wa.gov/>)
- ☐ A Residential Cross Connection Questionnaire Report
- ☐ Electrical Load Calculations/Plans

Important Notes:

1. All submittals shall be submitted electronically in PDF format (to scale for appropriate documents) to planningadmin@eatonville-wa.gov.
2. Application processing will not begin until the complete submittal package is determined to be counter complete. **Incomplete applications will be returned to the applicant.**
3. Financial deposits for review are due at time of submittal for required applications. Please contact the Building Department to determine deposit and/or fee requirements.
4. Please call for a pre-construction Electrical Inspection 253-888-6084
5. If you have questions about submittal requirements, please call 360-832-3361.

Applicant Signature indicating all the information requested above has been provided.

Applicant Signature _____ Date _____

FOR STAFF USE ONLY:

Staff determination of counter completeness:

☐

☐ The submittal is determined COMPLETE

The submittal is determined INCOMPLETE

Staff Signature _____ Date _____

If the submittal is determined incomplete, the entire contents of the submittal along with this sheet shall be returned to the applicant. The following corrections and/or additional items are needed:



PLANNING DEPARTMENT
201 Center St W / PO Box 309
360-832-3361 / Fax 360-832-2573

OWNER AUTHORIZATION

Date Received: _____
Deposit paid \$ _____
Receipt# _____
Permit# _____
Project Name _____

Parcel No.:	
Proposed Land Development Action:	
Authorized Agent Name:	
Mailing Address:	
Email:	
Phone:	

I/We, _____, the legal owner(s) of the above parcel, consent to the land development action noted above, which has been made with the free consent and in accordance with the desires of the owner or owners.

I/We grant _____ permission to file and coordinate land development action noted above with the Town of Eatonville on my behalf as an authorized agent for this proposed project.

Signature _____ Date _____

Signature _____ Date _____

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public in and for the State of Washington, residing at _____

My commission expires _____



PO BOX 309 /201 Center Street West/Eatonville, WA 98328

Stormwater Management and Erosion Control Permit Application

Stormwater management: IMPERVIOUS AREA	Erosion Control: GRADED OR DISTURBED AREA	Square footage of area to be affected: _____ sq. ft Permit \$ _____
a) $\leq 1,000$ SQ FT \$60.00	a) Graded or disturbed area $\leq 1,000$ SQ FT \$00.00	
b) $1,000$ SQ FT $\leq 5,000$ SQ FT \$120.00	b) $1,000$ SQ FT $\leq 5,000$ SQ FT \$60.00	
c) $5,000$ SQ FT ≤ 1 ACRE \$241.00	c) $5,000$ SQ FT ≤ 1 ACRE \$120.00	
Each additional acre/fraction thereof \$60.00		
Resolution 2003-F		

DATE _____ Parcel # _____ PERMIT # _____

PROPERTY OWNER: _____

Address: _____ Mailing: _____

City: _____ Phone: _____

CONTRACTOR: _____

Address: _____ City: _____

Phone: _____ Cell: _____

Contractor lic. # _____ Expiration: _____

*** Please provide a copy of contractor's license with application ***

Location of project: (Include Parcel #, Street Address, Legal Description and Zoning):

Provide a SITE PLAN DRAWN TO SCALE with a description of the project, including the area to be graded, filled, excavated and cleared, amounts of fill, heights of cuts and slopes, type of material imported, and any impervious surfaces to be created. Plot plan must show drainage of the site and all proposed erosion and sediment controls to be used during entire development process. Show methods: silt fencing, fabric ground cover, silt pond, vegetative buffer, etc.

Is project within 200 feet of a shoreline? YES / NO

Will any lumber being cut be taken to market? YES / NO

How many board feet of lumber will be cut? _____

APPROVED _____ Date _____

Public Works Director

Conditions: _____

The undersigned has read, understands and agrees to follow all the instructions, procedures and conditions stated herein.

Applicants Signature: _____ Date _____

The Town of Eatonville is an Equal Opportunity Employer and Provider

Z:1A Building Permit Apps 2019/Forms/Forms and Applications



201 Center St. W Eatonville WA 98328

Stormwater Management and Erosion Control Permit Application Checklist

- ✓ A completed Stormwater Management and Erosion Control application
- ✓ Application fee and Engineering Review deposit
- ✓ Stormwater Management and Erosion Control Site Plot Plan drawn to scale with the project description. Refer to application for complete requirements
- ✓ A SEPA Checklist (and applicable application fee and review deposit) is required if the application is part of an overall change in land use, i.e.; conversion of unbuild lands to buildable lots. PLEASE NOTE that a SEPA application requires a determination from the Town including a public comment period. Publication of a Public Notice is \$150.00. When SEPA is required, the checklist and subsequent determination must be completed prior to the commencement of any earthwork and also as part of a plat of PUD application. SEPA may be done by combining these two procedures into one review or on two occasions with two separate reviews. A SEPA Checklist is NOT required for a Building permit application.
- ✓ State of Washington Department of Natural Resources FOREST PRACTICES APPLICATION (\$500.00 fee payable to WA DNR) is required if:
 - You are cutting more than 5,000 board feet of lumber
 - The lumber is being taken to market; or
 - The total amount of land (including all contiguous parcels) is greater than 2 acres*Please go to <http://www.dnr.wa.gov> for instructions when filling out this application

The removal of hazard trees; that is a tree within 1.5 tree lengths from a structure, does not require a permit provided that the trees do not go to market and that the stumps are left in the ground.

The removal of (1) tree including stump – if none of the timber is taken to market and that the total area of disturbance is less than 1,000 square feet IS PERMITTED without a permit

- ✓ If you are submitting a Forest Practices Application that needs to go to Washington State Department of Natural Resources, the cost of the envelope and postage will be added to the permit fees as Miscellaneous charges
- ✓ Prior to issuance of a Stormwater Management of Erosion Control Permit, the Town must inspect and approve the installation of all erosion control devices installed as indicated on applicant provided site map

MECHANICAL & PLUMBING APPLICATION



PLANNING & BUILDING
DEPARTMENT
201 CENTER ST. W
EATONVILLE WA 98328
360-832-3361 EXT 114

**PERMIT
NUMBER:** _____

WORK TYPE: RESIDENTIAL: _____ COMMERCIAL: _____ TENANT IMPROVEMENT: _____

SITE ADDRESS		PROJECT VALUATION
PARCEL NUMBER		
APPLICANT	PHONE	EMAIL
ADDRESS (Street, City, State, Zip)		
PROPERTY OWNER	PHONE	EMAIL
ADDRESS (Street, City, State, Zip)		
CONTRACTOR	PHONE	EMAIL
ADDRESS (Street, City, State, Zip)		
CONTRACTOR LICENSE #		EXP DATE
PROJECT DESCRIPTION		

An application for a permit for any proposed work shall be deemed to have been abandoned 180 day after date of filing, unless such application has been pursued in good faith or a permit has been issued.

I hereby certify that I have read and examined this application and know the same to be true and correct, and I am authorized to apply for this permit. All provisions of law and ordinances governing this type of work will be complied with whether specified herein or not.

Print Name: _____

Owner _____ or Agent _____

Signature: _____

Date: _____

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**TOWN OF EATONVILLE
201 CENTER ST. W
EATONVILLE WA 98328
360-832-3361 EXT 114**

MECHANICAL AND PLUMBING FIXTURE CHECKLIST

MECHANICAL FIXTURE COUNT (Please indicate the number of each):

Furnace <100k BTU's	Tankless Hot Water Tank	Range
Furnace >100k BTU's	Gas Hot Water Tank	Range Hood
A/C Unit (____tons)	Gas Fireplace	Type I Range Hood
Heat Pump (____tons)	Gas Dryer	Type II Range Hood
Air Handler (____cfms)	Gas Piping	Fuel Tank (Above Ground)
Boiler (____btu/h)	Wood Stove	Fuel Tank (Under Ground)
Ventilation Fan	Insert (____Gas/____Wood)	Other

PLUMBING FIXTURE COUNT (Please indicate the number of each):

Hot Water Tank	Sink	Drinking Fountains
Bathtubs	Toilet	Lawn Sprinklers
Tub/Shower Combo	Urinals	Sump Pump
Showers	Washing Machine	Other
Floor Drains	Dishwasher	

For Additions and Remodels with New Appliance and/or Gas Line Installations, please include the following:

1.
 - Two sets of floor plans showing location of each new appliance
 - Show the BTU of all new and existing appliances
 - Show the length of gas piping from each appliance to the meter
 - Indicated the size of pipe use in each run
 - Indicated the proposed type of pipe to be used

2. L&I inspection and approval required on-site at time of inspection for any alterations, modifications or additions to the electrical system

**TOWN OF EATONVILLE
PO BOX 309 / 201 CENTER STREET WEST
EATONVILLE, WA 98328**

LANDCLEARING, GRADING OR FILL PERMIT APPLICATION

Application Fee: \$240.00

Technology Fee: \$10.00

PROPERTY OWNER: _____

Address: _____

Mailing Address: _____

Phone: _____ Cell: _____

CONTRACTOR: _____

Address: _____

Phone: _____ Cell: _____

Contractor License #: _____ Expiration: _____

Please provide a copy of contractor's license with application

Location of project: (Include Parcel #, Street Address, Legal Description and Zoning):

Applicant must provide a PLOT PLAN DRAWN TO SCALE with a description of the project, including the area to be cleared, graded, amounts of fill, heights of cuts and slopes, type of material imported, indicate where the area will drain to. Explain how the erosion and sediment transport will be controlled. Please show methods, i.e.: silt fencing, fabric ground cover, silt pond, etc.

Is project within 200 feet of a shoreline? **YES** _____ **NO** _____

Will any lumber being cut be taken to market? **YES** _____ **NO** _____

How many board feet of lumber will be cut? _____

What is the size of the parcel that you will be clearing or grading? _____

The undersigned has read, understands, and agrees to follow all the instructions, procedures and conditions stated herein.

Applicants Signature: _____ **Date:** _____

*****FOR OFFICE USE ONLY*****

APPROVED: _____ **Date:** _____

Town Administrator

Conditions: _____

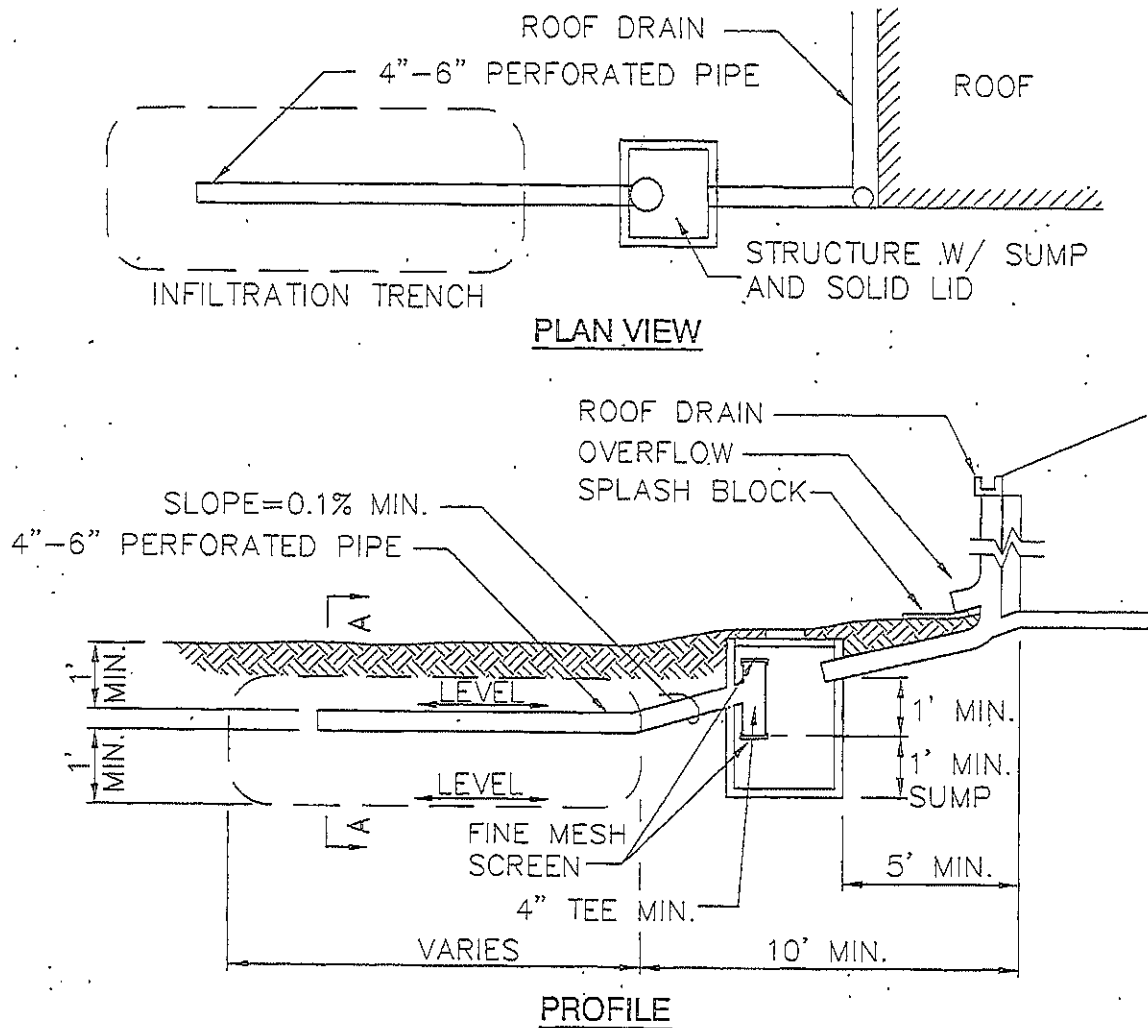
DATE: _____ **PARCEL #:** _____ **PERMIT #:** _____

- ☐ **SCALE**
1" = 20' or 30'
- ☐ **NORTH ARROW**
- ☐ **LOT DIMENSIONS**
Including street names, driveways and fire hydrants. Also all easements, and public and private roads
- ☐ **BUILDING FOOTPRINT**
Include porches, walks, decks, roof lines, overhangs and floor cantilevers.
- ☐ **SETBACK MEASUREMENTS**
Distance to a specified line such as a lotline, public or private right-of-way, easement, or buffer line required to remain free of structures.
- ☐ **SEPTIC SYSTEM**
Including tank, pump, tightline, primary and reserve drainfields.
- ☐ **CRITICAL AREAS**
Include natural buffer areas, open spaces, green belts & all critical areas.
- ☐ **SURFACE WATER DRAINAGE**
Include shorelines, wetlands, ponds, ditches and streams.
- ☐ **SITE CONTOURS**
2-foot intervals showing elevation of the land may be expressed relative to any fixed point on the site.
- ☐ **RETAINING WALLS**
Including rockeries and bulkheads.
- ☐ **INFILTRATION TRENCHES**
Check your plat for specific drywell requirements.




SCALE: 1" = 30'-0"

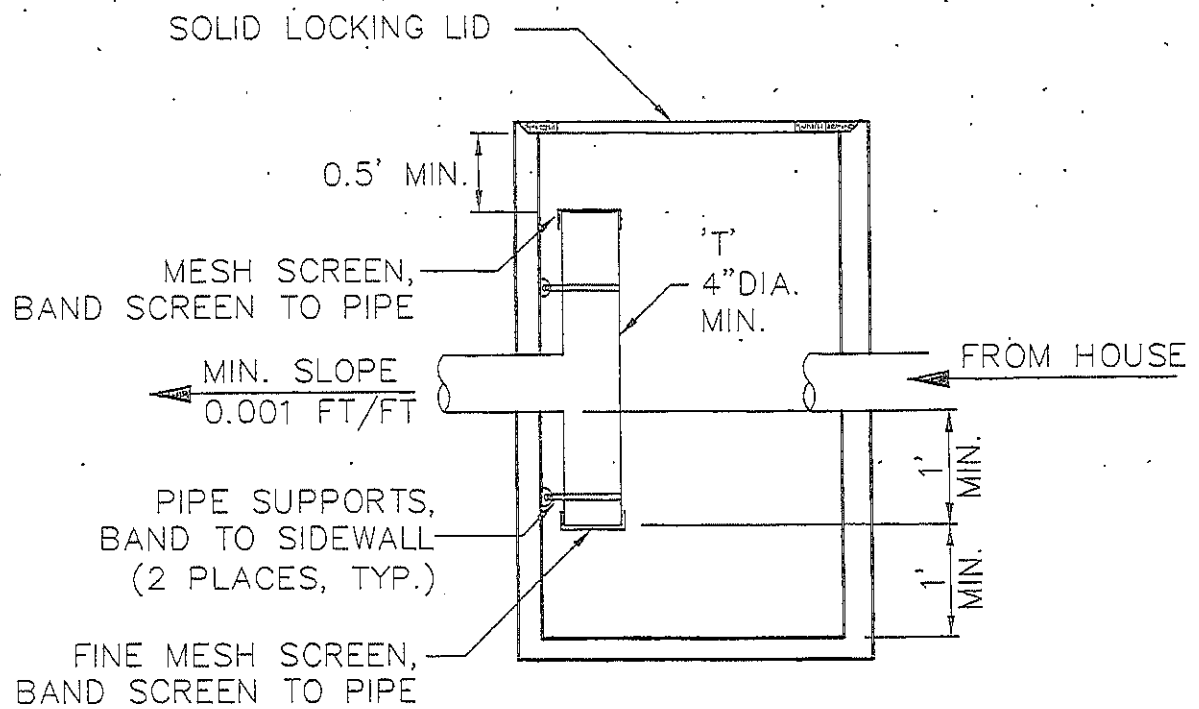




INDIVIDUAL ROOF DOWNSPOUT SYSTEM

N.T.S.

M-12-0-A.DWG	 PIERCE COUNTY STORMWATER MANAGEMENT MANUAL	INDIVIDUAL ROOF DOWNSPOUT SYSTEM
APPROVED:	REF: K.C., WA SW DESIGN MANUAL	
DRAWN: DJD	REV. DATE: MAR 2004	APPENDIX: A DETAIL:12.0



**RESIDENTIAL SEDIMENT CONTROL
STRUCTURE - PRIOR TO DISCHARGE TO
INFILTRATION TRENCH**

N.T.S.


M-11-1-A.DWG	 PIERCE COUNTY STORMWATER MANAGEMENT MANUAL	INFILTRATION TRENCH SUMP STRUCTURE (RESIDENTIAL)
APPROVED:	REF: K.C., WA SW DESIGN MANUAL	APPENDIX: A DETAIL: 11.1
DRAWN: DJD	REV. DATE: MAR 2004	

TABLE 5.2

INDIVIDUAL DOWNSPOUT INFILTRATION SIZING CHART
(SQUARE FEET OF TRENCH BOTTOM)

ROOF AREA						
GRAVEL - (1MIN/IN) (Type A Soils)						
D E P T H		1000 SF	2000 SF	3000 SF	4000 SF	5000 SF
	1'	40	65	90	120	140
	1.5'	38	62	85	114	133
	2'	36	59	80	108	126
	2.5'	34	56	75	102	119
	3'	32	53	70	96	112
	3.5'	30	50	65	90	105
	4'	28	47	60	84	98
COARSE - MEDIUM SAND (5MIN/IN) (Type A Soils)						
D E P T H		1000 SF	2000 SF	3000 SF	4000 SF	5000 SF
	1'	70	170	240	310	375
	1.5'	66	161	228	294	356
	2'	62	152	216	278	337
	2.5'	58	143	204	262	318
	3'	54	134	192	246	299
	3.5'	50	125	180	230	280
	4'	46	116	168	214	261
FINE - LOAMY SAND (15MIN/IN) (Type A Soils)						
D E P T H		1000 SF	2000 SF	3000 SF	4000 SF	5000 SF
	1'	120	290	410	525	640
	1.5'	114	275	389	499	608
	2'	108	260	368	473	576
	2.5'	102	245	347	447	544
	3'	96	230	326	421	512
	3.5'	90	215	305	395	480
	4'	84	200	284	369	448
SANDY LOAM - LOAM (30MIN/IN) (Type B Soils)						
D E P T H		1000 SF	2000 SF	3000 SF	4000 SF	5000 SF
	1'	175	440	620	780	975
	1.5'	166	418	589	741	926
	2'	157	396	558	702	877
	2.5'	148	374	527	663	828
	3'	139	352	496	624	779
	3.5'	130	330	465	585	730
	4'	121	308	434	546	681
LOAM - POROUS SILT LOAM (Infiltration rate = 60MIN/IN) (Type C Soils)						
D E P T H		1000 SF	2000 SF	3000 SF	4000 SF	5000 SF
	1'	350	875	1225	1575	1925
	1.5'	332	833	1164	1496	1829
	2'	314	791	1103	1417	1733
	2.5'	296	749	1042	1338	1637
	3'	278	707	981	1259	1541
	3.5'	260	665	920	1180	1445
	4'	242	623	859	1101	1349

NOTE: 1) Systems in Hydrologic Group D soils will be designed by a Civil Engineer and soil percolation testing will be conducted between December and April.
2) Infiltration rates shown are actual field measured rates or rates determined by grain size analysis.

Residential Cross Connection Questionnaire Request

The Town Of Eatonville takes pride in providing safe drinking water to our customers. Although the water that reaches your home or business meets all State and Federal drinking water standards and is safe to drink, contamination can occur within your own piping system. This potential hazard is known as an unprotected "cross connection", which can cause backflow to occur.

The Washington Administrative Code as well as Town Of Eatonville Resolution 2005-K has established rules and requirements to enable the Town Of Eatonville to protect our water system. Our goal is to identify potential cross connection hazards and take appropriate actions to protect against the possibility of backflow to occur. We need your help, because as a water user, you are the most familiar with how our water is being used within your property.

Water suppliers, homeowners, business owners and health officials must all share in the responsibility to ensure the safety of our drinking water.

Please take time to complete and return the attached cross connection questionnaire within 30 days. Your participation is essential to the success of this program.

If you have questions or would like more information, please contact this office at the number listed below. Thank you for your cooperation.

Sincerely,

A handwritten signature in black ink, appearing to read "Steve McKasson", written in a cursive style.

Steve McKasson
Town Of Eatonville
Cross Connection Control Manager
(360) 832-8524

CROSS CONNECTION QUESTIONNAIRE FORM

Site Location: _____

1. Is this a residential or commercial property? Residential ☐ Commercial ☐
If commercial, please specify business name: _____
2. Are you renting, or do you own this property? Rent ☐ Own ☐
If renting, please provide name and address of owner:

3. Your water meter will serve how many homes? _____ How many buildings? _____
4. Will you have any of the following?
- | | | |
|--|------------------------------|-----------------------------|
| <input type="checkbox"/> Swamp cooler connected to piping | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <input type="checkbox"/> Hot tub (fills with a hose or automatic filler) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <input type="checkbox"/> Swimming pool | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <input type="checkbox"/> Underground sprinkler system | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <input type="checkbox"/> Drip irrigation system | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <input type="checkbox"/> Greenhouse | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <input type="checkbox"/> Solar water heating system | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <input type="checkbox"/> Water makeup lines (boiler, hydronic heating) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <input type="checkbox"/> Utility sink with threaded faucet (hose attachment) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <input type="checkbox"/> Fire sprinkler system | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <input type="checkbox"/> Unknown, unidentifiable or complicated piping | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
5. Will you use any of the following?
- | | | |
|--|------------------------------|-----------------------------|
| <input type="checkbox"/> Antifreeze flush kits with your automobile | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <input type="checkbox"/> Insecticide sprayers (that attach to a garden hose) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <input type="checkbox"/> Darkroom or photo developing equipment | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <input type="checkbox"/> Fill adapters for waterbed, fish tank or other | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
6. Will anyone on the premises use a portable dialysis machine? Yes ☐ No ☐
7. Will you have a bathtub or hot tub that fills from the bottom or does not have an overflow drain or the fill spout is not above the tub rim? Yes ☐ No ☐
8. Will you have a water softener or any other water treatment system connected to your drinking water supply? Yes ☐ No ☐
9. Will you have auxiliary water supply (i.e. well, pond) on your premises? Yes ☐ No ☐
10. Will you have livestock (i.e., horses, cows, etc.) that use a water trough? Yes ☐ No ☐

11. Is the water piping that enters your home more than 10 feet above your water meter? Yes ☐ No ☐
12. Does a creek, river, or spring run near your property? Yes ☐ No ☐
a. Do you pump or draw water from this source? Yes ☐ No ☐
13. Do you have a booster pump, well pump, or any other type of water pump? Yes ☐ No ☐
14. Do you receive irrigation water from a different source? Yes ☐ No ☐
15. Do you have a backflow preventer on your property now? Yes ☐ No ☐
If yes, where? _____
16. Do you have any situation that you are aware of that could create a connection between your drinking water and any other substance? Yes ☐ No ☐
17. Do you have any other water using equipment on your property not mentioned above? Yes ☐ No ☐

Comments: _____

Please notify the Town of Eatonville if any of the above conditions change on your property such as remodeling, changes or additions to your water piping system.

Signature of Water Customer

Phone Number

Print Your Name

Best time to call or alternate contact

Today's Date

Mailing Address:

Site Address (if different):

Please answer all of the above questions and return the questionnaire. This form will be kept on file at the Town of Eatonville. If you have any questions, please call us at 360-832-8524.

RETURN SURVEY REPORT FORM TO:

Town of Eatonville
PO Box 309 /201 Center Street
Eatonville, WA 98328