



NEW CONSTRUCTION
BUILDING PERMIT APPLICATION

500 E Division Street, Forks, WA 98331
360-374-5412 forkswashington.org info@forkswashington.org

Approved: Yes No Inspector: _____ Date: _____
Fee (City): \$ _____ Fee (State): \$ _____ Plan review: \$ _____ Total \$: _____ Permit #: _____ Receipt #: _____

PROJECT INFORMATION

Single-family residential Multi-family residential Commercial Industrial Public

Project address: _____

Tax parcel number (*required for approval**): _____ Zoning: _____

Primary contact: _____ Property owner: Yes No

Phone: _____ E-mail: _____

OWNER INFORMATION

Name: _____ Phone: _____

Mailing address: _____ E-mail: _____

CONTRACTOR INFORMATION

Name: _____ License #: _____

Mailing address: _____ Expiration date: _____

Phone: _____ E-mail: _____

PROJECT DESCRIPTION

The following supporting documents must accompany the completed Building Permit Application.

Site/plot plan showing the following:

- Tax parcel number (12-digit geographic ID)
- Physical address
- Lot size dimensions
- Location on the lot with distances to lot lines
- Other structure location(s) and distance(s) to lot lines
- Water, sewer, and septic line locations
- Driveway and parking pad location(s)
- Storm water location (i.e., downspouts, drywells, etc.)
- All easement/street locations
- Propane tank location, size, and distance to structures and lot lines

Structure plans showing the following:

- Elevations from all four directions
With roof pitch and height of structure from grade
- Foundation plan
- Floor plan
With door/window opening dimensions & egress, room ID, plumbing and mechanical fixture locations, smoke & carbon monoxide detector locations
- Framing plan
- Roof framing Plan
- Structural cross sections & details

I have read and completed the application and know it to be true and correct. I am authorized to apply for this permit and understand that it is my responsibility to determine which permits are required and to obtain those permits prior to beginning work. I understand that plan review fees are not refundable after review has occurred. I understand that I will forfeit review fees if I withdraw the application before the permit is issued. I understand that additional information may be required when determined necessary by the building official, and that the application will be considered abandoned and fees forfeited if the permit is not picked up within 180 days of submittal. ***The City of Forks does not maintain tax parcel number information. If you do not have this number, you can look it up by using the Property Search link on the Home page of the Clallam County website (www.clallam.net).**

Date _____ Print name _____ Signature (Owner Contractor Representative) _____

PROJECT DETAILS

Location description	Existing area (ft. ²)	Proposed area (ft. ²)	Total area (ft. ²)	Proposed value	Comments
Main floor				\$	
Upper floor(s)				\$	
Basement				\$	
Covered deck/porch/entry				\$	
Deck				\$	
Garage (attached/detached)				\$	
Carport (attached/detached)				\$	
Other (describe):				\$	
TOTAL				\$	

SITE COVERAGE CALCULATIONS (for new construction and additions only)			
Lot details	Dimensions _____ ft. x _____ ft. or <input type="checkbox"/> Irregular		Total ft. ²
Lot coverage*	Total footprint area of all structures on the property		Total ft. ² %
Site coverage*	Total area of all impervious surfaces		Total ft. ² %

*Lot coverage: The percentage of ground area of a lot on which buildings are located.

*Site coverage: The amount of impervious surface on a parcel, including structures, driveways, sidewalks, patios, and other impervious surfaces.

MECHANICAL DETAILS				
Please indicate how many of each type of fixture is to be installed or relocated as part of the project.				
Air handler	Size:	#:	Heater (suspended/floor/recessed wall)	#:
Furnace/heat pump/forced air unit	Size:	#:	Heating/cooling appliance (repair/alter)	#:
Appliance exhaust fan	#:		Pellet/wood/gas stove, fireplace, misc.	#:
Evaporated cooler (attached)	#:		Vent fan (single duct)	#:
Fuel gas piping	# outlets:		Vent system	#:
Hazard/non-hazard piping	# outlets:		Other (describe):	

PLUMBING DETAILS			
Plumbing trap(s)	#:	Water heater	#:
Plumbing vent piping	# outlets:	Medical gas piping	# outlets:
Water line	# outlets:	Fuel gas piping	# outlets:
Sewer line	# outlets:	Industrial waster pretreatment interceptor (grease trap)	#:
Vent system	#:	Backflow prevention device (size: in.)	#:
Other:			

ADDITIONAL DETAILS (if applicable)			
Irrigation system	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Proposed	Proposed bedrooms/bathrooms	#: /
Fire sprinkler system	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Proposed	Proposed dwelling units	#:
Is the project in a flood zone	<input type="checkbox"/> Yes (zone ID:) <input type="checkbox"/> No	Project value	\$