City of Battle Ground

Community Development Department

Building Division
109 SW 1st Street, Suite 123, Battle Ground, WA 98604
Phone # (360) 342-5046, Fax # (360) 342-5049

For Office Use Only:
Date Received: _____
Permit Number:
SFR: _____

NEW 1 and 2 FAMILY PERMIT APPLICATION

APPLICANT: _____ Phone #: ( ) _____ Fax #: ( ) _____
Mailing Address:

_____ State: _____ Zip Code: _____

PROPERTY OWNER: _____ Phone #: ( ) _____Fax #: ( ) _____
Mailing Address:

_____ State: _____ Zip Code: _____

GENERAL CONTRACTOR: _____ Phone #: ( ) _____ Fax #: ( ) _____

Contractors License #: _____ City Bus. License # (Required) _____

Mailing Address: _____ State _____ Zip Code: _____

PLUMBING CONTRACTOR: _____ Phone #: ( ) _____ Fax #: ( ) _____

Contractors License #: _____ City Bus. License # (Required) _____

Mailing Address: _____ State _____ Zip Code: _____

MECHANICAL CONTRACTOR: _____Phone #: ( ) _____ Fax #: ( ) _____

Contractors License #: _____ City Bus. License # (Required) _____

Mailing Address: _____State _____ Zip Code: _____

Type of Building: Single Family ( ) Duplex ( )
Town homes use a single family residential permit. A town home has a property line between each residence

Subdivision: _____Tax Lot #: _____

Site Address: _____ Lot #_____ Zoning: _____ MSA # _____

Building sq.ft. _____ 1st Floor: _____ 2nd Floor: _____ Garage: _____ Deck _____

Type of Heat: Gas Furnace: ( ) Electric Furnace ( ) Electric Wall Heater ( ) Other ( )

I/We hereby certify that the above information is correct and that the construction on, and the occupancy and use of, the above described property will be in accordance with the laws, rules, and regulations of the State of Washington and City of Battle Ground.

Signature of Applicant: _____ **Date:** _____

Signature of Property Owner/Representative: _____**Date**: _____

For official use only:
Entered by: _____ Fees Due: _____ Receipted Number: _____ Receipted by: _____

CITY OF BATTLE GROUND BUILDING DIVISION

CHECKLIST FOR NEW 1 AND 2 FAMILY DWELLING APPLICATION

Two (2) complete sets of legible plans, 24" x 30" minimum, drawn to scale, showing conformance to the applicable local and state building codes. Lateral design details and connections must be incorporated into the plans or on a separate full size sheet attached to the plans with cross-references between plan location and details.

Applicant Fill Out **Provided/NA**		Staff Use Only **Accepted Y/N = Initials**
☐	**1. Foundation Plan**: Show dimensions, anchor bolt dimensions and spacing, any hold-downs, expanded footings, reinforcement details, connection details, vent size and locations, location of crawl space access, and transition from one foundation dimension to another if different dimensions proposed. Show building corner elevations if an elevation change of more than 4 feet exists across the building footprint.	
☐	**2. Floor Plans**: Show all dimensions, room identification, window size and type, header size location of smoke detectors, water heater, furnace, exhaust ventilation fans, plumbing fixtures, balconies and decks, patio covers, location and construction details for stairs and handrails etc.	
☐	**3. Cross Section Details**: Show size and spacing for all framing members such as floor beams, headers, joists, sub floor, wall/roof construction. Show details of wall and roof sheathing, roofing materials, roof slope, ceiling height, siding material, footings, foundation, stairs, fireplace construction, thermal insulation etc. More than one cross section may be required to clearly portray construction.	
☐	**4. Elevation views:** Provide elevations for all sides. Exterior elevations must reflect the actual grade. ***See architectural variety requirements BGMC 17-106-040***	
☐	**5. Wall bracing (prescriptive path) and/or engineered lateral analysis**: Details and locations for lateral force resisting elements must be shown on plans. For non-prescriptive path analysis, specifications and calculations to engineering standards must be provided as well. All engineering is for reference only. All engineering details, schedules, and layouts shall be provided on full size plan sheets.	
☐	**6. Floor/framing plans** are required for all floor assemblies. Plans shall indicate member sizing, spacing and bearing locations. Show location of attic ventilation and size and location of attic access.	
☐	**7. Basement and retaining wall** cross sections and details showing placement of rebar, footing sizes, etc. shall be provided. For engineered systems, see item 11 below.	
☐	**8. Beam calculations**: Provide two sets of beam calculations for all beams spanning 6 feet or more or any beam supporting a point load.	
☐	**9. Manufactured/engineered floor/roof truss design details**: Calculations and drawings for all engineered framing systems shall be required. Floor systems shall include two copies of the manufacturers layout and installation guide. Roof trusses shall include the layout, truss details, and jack truss details. The layout shall indicate the location of each truss detail. **Details must include the load and uplift on each truss**. Each detail shall be clear, legible, and bear a current Washington State engineer's stamp.	
☐	**10. Energy and Ventilation code compliance**: Identify all proposed insulation values for prescriptive compliance. Provide analysis/calculations for non-prescriptive methods. Indicate method and capacity of whole house ventilation system. Indicate louvered/vented windows where used.	
☐	**11. Engineering calculations**: When engineering is submitted, two complete sets shall be provided for review. All engineering shall be site specific and one copy shall bear the engineer's wet stamp. All engineering details, schedules and layouts shall be provided on the full size plan sets. (The engineer of record shall wet stamp each full size page referencing engineering or a copy of the engineering packet cover will be allowed if copies are made directly from the engineering packet to the plan sheets).	
☐	**12. Site/Plot Plan drawn to scale:** Plot plan must be an accurate representation of the size and shape of the subject parcel(s) including right-of-ways and easements of any kind. Show all lot dimensions and all existing and proposed buildings and structures, including garages, driveway, carport, fences, decks, patio covers, and other accessory structures. Include dimensions between each structure and from all property lines (setbacks). Show property corner elevations if an elevation change of more than 4 feet exists at the site. Show the name of the adjacent street(s).	

I CERTIFY THAT THE ITEMS CHECKED ABOVE REPRESENT A COMPLETE SUBMITTAL PACKAGE FOR THE APPLICATION BEING MADE. I UNDERSTAND THAT THIS INFORMATION IS BEING REVIEWED TO DETERMINE COMPLETENESS ONLY. I UNDERSTAND THAT IF THE SUBMITTAL IS DETERMINED TO BE INCOMPLETE, PLANS WILL NOT BE ACCEPTED AND THE PLAN REVIEW PROCESS WILL NOT START.

Applicant Name (print) _____ Signature_____ Date_____

PLUMBING	Quantity
For each plumbing fixtures or trap or set of fixtures on one trap (including water, drainage piping and backflow prevention thereof)	
Sewer Connections	
Water Connections	
Rainwater system – per drain (inside building)	
Water heater including vent, (for vents only see Mechanical Permit)	
For each gas-piping system (1-5 outlets)	
For each additional gas-piping system outlets, each fixtures	
Installation, alteration or repair of water piping and/or water treating equipment	
Repair or alteration of drainage or vent piping	
Graywater system	
Initial installation and testing for a reclaimed water system	
MECHANICAL	**Quantity**
Furnaces:	
Forced air or gravity type furnace, including attached ducts and vents up to 100,000 BTU	
Forced air or gravity type furnace, including attached ducts and vents over 100,000 BTU	
Installation or relocation of each floor furnace, including vent	
Installation or relocation of each suspended heater, recessed wall heater, or floor mounted unit heater	
Fuel Gas Vents:	
Installation, relocation, or replacement of vents not included with an appliance	
Repairs or Additions: -	
Repair, alteration, or addition to each heating appliance, refrigeration unit, cooling unit, absorption unit, or each heating, cooling absorption or evaporative cooling system	
Boilers, Compressors and Absorption Systems: -	
Installation of boilers or compressors up to 3 hp	
Installation of boilers or compressors 3-15 hp	
Ventilation and Exhaust: -	
Vent fan connected to a single duct	
Ventilation System not a portion of any heating or air-conditioning system authorized by a permit	
Hood w/ mechanical exhaust, including ducts	
Miscellaneous: -	
Free standing stove (gas, wood burning)	
Fireplace insert (gas, wood burning)	
Gas fireplace – as-built	
Other	
For each gas-piping system (1-5 outlets)	
For each additional gas-piping system outlets	

2003 Washington State Energy Code
Residential Compliance Form

Type of Project (check one): ( ) New Residence ( ) Addition ( ) Remodel

Site Address: _____ Tax Lot # _____

Owner: _____ Phone Number: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Area: First Story: _____ Second Story: _____

Prescriptive Compliance Method (check one): Option 1( ) Option 2( ) Option 3( )

Option	Glazing Area % of Floor	Glazing U-Factor		Door U-Factor	Ceiling	Vaulted Ceiling	Wall Above Grade	Wall Int. Below Grade	Wall Ext. Below Grade	Floor	Slab on Grade
I	12%	0.35	0.58	0.2	R-38	R-30	R-15	R-15	R-10	R-30	R-10
II	15%	0.4	0.58	0.2	R-38	R-30	R-21	R-21	R-10	R-30	R-10
III	Unlimited Ground R-3 Occupancy Only	0.4	0.58	0.2	R-38	R-30	R-21	R-21	R-10	R-30	R-10

The following walls should be considered to meet R-21 without additional documentation:

- 2 X 6 framed and insulated with R-21 fiberglass batts.
- 2 X 4 framed and insulated with R-15 fiberglass batts plus R-4.0 foam sheathing.
- 2 X 4 framed and insulated with R-13 fiberglass batts plus R-5.0 foam sheathing.

Heating System:

Fuel Type: _____ Manufacturer: _____ Model: _____
Prescriptive Heating Sizing: 20btu/hr X ft2
Square Feet of Heated Space: _____ x 20 = _____
Maximum Size: 200% of Calculated Number

Venting System: ( ) Non-heat Recovery Ventilation ( ) Spot and Whole House ( ) Ducted ( ) Integrated w/ Furnace

Whole House Fan: Make: _____ Model: _____ Size (CFM): _____

Heat Recovery Ventilation: ( ) Air to Air Heat Exchanger ( ) Heat Recovery Heat Pump

Make: _____ Model: _____ Size (CFM): _____

2003 Residential WSEC Chapter 6: Window, Skylight, and Door Schedules

Project Address: _____

Instructions: Fill out the window and door schedules. Use actual NFRC tested U-factor data whenever possible, or use the appropriate WSEC Chapter 10 default table. Use the Glazing to Floor Area Calculation to determine your particular Prescriptive Option.

Window Schedule (include sliding glass doors)

Location (room)	Frame Type and # of Panels	Manufacturer and Model	List Reference Source of U-Factor	Size (H x W)	Quantity	Area (ft2)	U-Factor	UA Value (Area x U-Factor)
					Total Window Area:		Skylight UA:	

Skylight Schedule

Location (room)	Frame Type and # of Panels	Manufacturer and Model	List Reference Source of U-Factor	Size (H x W)	Quantity	Area (ft2)	U-Factor	UA Value (Area x U-Factor)
					Total Window Area:		Skylight UA:	

Door Schedule

Location (room)	Frame Type and # of Panels	Manufacturer and Model	List Reference Source of U-Factor	Size (H x W)	Quantity	Area (ft2)	U-Factor	UA Value (Area x U-Factor)
					Total Window Area:		Skylight UA:	

Plan Review (For Office Use Only)
This selected option is appropriate for this dwelling design? Yes ( ) No ( )
NOTES:
_____