



**ADAMS COUNTY**  
**BUILDING AND PLANNING**  
 449 E CEDAR BLVD OTHELLO WA, 99344  
 509-488-9441

**COMMERCIAL BUILDING PERMIT APPLICATION**  
*COMMERCIAL BUILDINGS/STRUCTURES*

**Parcel Number (APN):** \_\_\_\_\_ **Lot Size:** \_\_\_\_\_ (Acres)  
**Parcel Address:** \_\_\_\_\_ **City/Zip:** \_\_\_\_\_  
**Abbreviated Legal Description:** \_\_\_\_\_  
**Property Owner(s):** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**City/State/Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**E-mail:** \_\_\_\_\_  *Copy of Recorded Deed is required as an attachment.*

**Applicant:** \_\_\_\_\_ **Company Name:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**City/State/Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**E-mail:** \_\_\_\_\_

**Contractor's Name:** \_\_\_\_\_  
**Contractor's License Number:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**City/State/Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**E-mail:** \_\_\_\_\_

**Application For:**  New  Remodel  Addition  Commercial Building  Multi-Family Building (3 Units or More)  
 Fire Repair/Replacement of: \_\_\_\_\_ **Destruction Date:** \_\_\_\_\_  
 Tenant Improvement / Interior Remodel: \_\_\_\_\_  
 Change of use/Proposed Occupancy: \_\_\_\_\_  
 If addition to building is proposed, please identify existing footprint and square footage of structure(s):  
 \_\_\_\_\_  
 Other: \_\_\_\_\_  
**Detailed Description of Proposed Use for the Structure:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**⓪ FOR OFFICIAL USE ONLY ⓪**

|                     |                         |                                |                                       |
|---------------------|-------------------------|--------------------------------|---------------------------------------|
| Received By & Date: | Zoning Approval & Date: | Building/Fire Approval & Date: | Intake Fees Paid:<br>Final Fees Paid: |
| UGA:                | Zoning:                 | Snow Load:                     | FP / FW:                              |

**IBC Building Construction Type:**

- Type IA                       Type IIA                       Type IIIA                       Type IV                       Type VA
- Type IB                       Type IIB                       Type IIIB                       Type VB

**IBC Sprinkler Substitutions (If applicable, please specify all that apply):**

- Area Increase                       Story Increase                       One-Hour Construction
- Unlimited Areas                       Height Increase                       Other: \_\_\_\_\_

**Structure / Development Details:**    Dimensions of Building Footprint: \_\_\_\_\_ (ft.)

Building Height: \_\_\_\_\_ (ft.)                      Number of Stories: \_\_\_\_\_

**Label Existing/Finished Grade on all 4 elevation views of Building Plans.**

**Floor Area(s)—check all that apply and indicate the area in Square Feet:**

- Basement: \_\_\_\_\_  Main/1<sup>st</sup> Floor: \_\_\_\_\_  2<sup>nd</sup> Floor: \_\_\_\_\_  3<sup>rd</sup> Floor: \_\_\_\_\_  4<sup>th</sup> Floor: \_\_\_\_\_
- Deck: \_\_\_\_\_  Covered Porches/Patios: \_\_\_\_\_  Mezzanine: \_\_\_\_\_  Storage: \_\_\_\_\_
- Other: \_\_\_\_\_ Area: \_\_\_\_\_ (sq. ft.)
- Retaining Wall(s): Length: \_\_\_\_\_ (ft.)                      Height: \_\_\_\_\_ (ft.)

**For existing structure(s), describe existing use and occupancy:**

**Please provide the following details (indicate retail/office areas in square feet):**

- Existing Bathrooms: \_\_\_\_\_ New Proposed Bathrooms: \_\_\_\_\_
- Existing Retail Space: \_\_\_\_\_ New Proposed Retail Space: \_\_\_\_\_
- Existing Office Space: \_\_\_\_\_ New Proposed Office Space: \_\_\_\_\_
- No. of Existing Employees: \_\_\_\_\_ No. of Proposed Employees: \_\_\_\_\_
- Will New Proposal Affect Existing Parking or Access?     Yes     No
- No. of Existing Off-Street Parking Spaces: \_\_\_\_\_ No. of Proposed Off-Street Parking Spaces: \_\_\_\_\_
- New/Change Mechanical?     Yes     No
- New Landscaping Proposed?     Yes     No     Landscaping Plan attached, if applicable.
- Is this building for Restaurant Use:     No     Yes, please indicate the number of seats in the establishment?
- Existing Number of Seating: \_\_\_\_\_ Proposed Number of Seating: \_\_\_\_\_

**Impervious Surface (IS) Information in Square Feet:**

*Refer to Adams County Code Section 17.04.470 for the definition of "Impervious Surface."*

- Existing IS (Include existing roof, driveway, etc.): \_\_\_\_\_ New IS (Include new roof, driveway, etc.): \_\_\_\_\_
- Total Impervious Surface (Existing Impervious Surface plus New Impervious Surface): \_\_\_\_\_ (sq. ft.)
- Total Square Footage of All Commercial Buildings (structures only) on Property:** \_\_\_\_\_ (sq. ft.)

**Sanitation Disposal:**

- N/A     Septic Permit #: \_\_\_\_\_  Sewer District: \_\_\_\_\_

**Water Source:**

- N/A     Single Private Well     Shared Private Well     Public Water Supplier: \_\_\_\_\_

**NOTE: Prior to permit issuance a Letter of Availability is required from the Sewer District or Public Water Supplier. Prior to Certificate of Occupancy a letter verifying Sewer/Water connection is required and a final Septic as-built/inspection must be approved by the Adams County Environmental Health Department.**

**Please Complete the Following:**

|    |  |
|----|--|
| 1. | What is the current use of the property? _____   |
| 2. | List all existing structures on the property, the year constructed, and the Building Permit Number (if applicable):<br>_____<br>_____<br>_____<br><input type="checkbox"/> <b>Label and Identify on site plan.</b>   |
| 3. | Identify legal access to the subject property and list Adams County Public Works Access Permit # if applicable:<br>_____<br>_____  |
| 4. | List and attach all Easements, Deed Restrictions, or other Encumbrances restricting the use of the property.<br>(Refer to your subdivision, deed and/or Title Report) List by auditor's file number (AFN) and identify easement type:<br>_____<br>_____<br>_____<br><input type="checkbox"/> <b>Label and Identify on site plan.</b> |
| 5. | Is your parcel protected by the voluntary stewardship program (VSP)? <i>(If yes, your site plan shall be approved by the local conservation district.)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 6. | *Is the property within 200 feet of a river, stream, wetland, drainage way, other water body? <input type="checkbox"/> Yes <input type="checkbox"/> No, If yes please identify: _____  |
| 7. | *Are there any geologically hazardous areas on property or within 250 feet? For example: avalanche areas, landslide areas, areas of soil erosion, or areas of historic slope failure? <input type="checkbox"/> Yes <input type="checkbox"/> No, <i>(Circle applicable)</i>   |
| 8. | Please list any other applicable applications or approvals <i>(file numbers)</i> from Federal, State or Local Agencies for any structures, construction, or other activities necessary for approval of this building permit application:<br>_____<br>_____   |

***\*May involve height restrictions, a wetland delineation, a geologic site assessment, and additional setback requirements. Inquire with Adams County Department of Community Development.***

|   |              |
|---|--------------|
| <b>If applicable: (Required by RCW 19.27.095)</b> |              |
| Lending Agency Name: _____                        | Phone: _____ |
| Address: _____                                    |              |
| Contractor's Bonding Firm: _____                  | Phone: _____ |
| Address: _____                                    |              |

I (We) certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true, correct and complete to the best of my (our) knowledge. I (We) further certify (or declare) that all Easements, Deed Restrictions, other encumbrances, and/or issues restricting or affecting the use or condition of the property have been accurately disclosed to the best of my (our) knowledge and are shown on the site plan submitted with this application. I (We) understand that encroachment and/or building into easements, deed restrictions or other encumbrances are my (our) responsibility and not Adams County's. I (We) further affirm that by my (our) signature below that I (we) have obtained legal permission to build within or encumber all easements on this property. Owner hereby releases, discharges, indemnifies and holds harmless the County from and against any and all claims, demands, causes of action, suits or judgments (including costs and expenses incurred in connection therewith) by both the easement holder or encumbered person(s) arising out of or in connection with the County's issuance of a building permit. I (We) certify (or declare) that I (We) am the owner of the property or have been given authorization from the property owner to obtain this permit. I (We) further agree to comply with the International Building, Residential, Fire, Mechanical, Plumbing, and all applicable Adams County/City Codes. Applicant/Owner(s) assumes all risk and liability for any claims and liabilities.

**Owner/Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

## VICINITY MAP

Provide written driving directions and a map to assist the Building Inspector in locating your project.

Vicinity map must show:

- (1) Location of property
- (2) Directional arrow indicating North
- (3) Any adjacent property addresses
- (4) Any landmarks adjacent to subject property
- (5) Nearest intersecting roadways; if applicable, include one major highway

**NOTE: INSPECTIONS WILL NOT BE PERFORMED WITHOUT YOUR ADDRESS POSTED AT THE ROADWAY.**

**Driving directions:**

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**ATTACH A LOCATION MAP or SKETCH BELOW**

# SITE PLAN CHECKLIST

- Two copies of site plan are required. Must be drawn to standard engineering/architect's scale, not to exceed 1" =100'. Indicate the scale used. Must include North arrow, and be drawn on grid paper or engineering plan format. For large parcels, applicant may submit a two-page site plan, the first page depicting the entire lot at a convenient scale and the second page depicting an enlargement of the developed area at a larger scale.
- Label all property lines/boundaries, dimensions, and area of lot/parcel (square feet or acreage).
- Label the location, size, and use of all existing building(s). Identify the distance between property lines and buildings. Label structures with previous building permit number(s) issued if applicable.
- Label the location, size, and use of all proposed structure(s) (temporary or permanent) to include dimensions of all decks, porches, cantilevers, bay windows, roof overhangs, retaining walls, patios, chimneys, landings and stairs.
- Identify the location, dimensions and volume of all existing and proposed propane tanks, fuel tanks, etc., both above ground and underground, as well as setback from property lines.
- Identify land features such as top and bottom of slopes, direction of slope and any areas of erosion.
- Identify and label all water features to include, ponds, springs, ravines, streams, creeks, lakes, rivers, irrigation laterals, canals, ditches, wetlands, bogs, areas of saturated ground, flood plain, floodway. Identify the closest distance between the ordinary high-water mark and proposed/existing structures.
- Label the name and width of roads bordering the property and indicate whether they are public or private.
- Locate the width of existing and proposed driveways/accesses serving each structure. Include stormwater control facilities such as drains, detention ponds, connection lines, catch basins, etc.
- Label all existing and proposed parking spaces/areas. Parking in residential districts is typically not allowed in the front yard setback area. All parking shall have durable and dustless surfaces suited to all weather use, unless required otherwise. If applicable, show handicapped parking and accessible routes to the structure and within the site to other structures and features.
- Identify and label all easements and widths, deed restrictions, other encumbrances, and/or issues restricting or affecting the use or condition of the property, including but not limited to access, utilities, railroads, irrigation and overhead power. Include the Auditor's file number(s).  
**BEFORE ANY DEVELOPMENT OCCURS, PLEASE CALL 1-509-661-8400 TO LOCATE ANY PUD EASEMENTS!**
- Show the location of all existing and proposed overhead and underground utilities including, but not limited to water, sewer, gas, and electrical.
- Identify location of water lines, well and sanitary control radius. Note: A sanitary control radius around an off-site well may impact your project if it overlaps onto your parcel.
- Identify location of all well(s), septic/pump tank, drain field, reserve area and tight line involving the proposed structure(s). Show the distance from proposed structure(s) to septic tank, drain field, drinking water well source(s), and any water body, wetland area and/or flood plain to ensure they meet the required horizontal setbacks from each other and property lines. See Chelan Douglas Health District Horizontal Setback Table for details. If applicable, the approved Health District and County site plan must be identical.
- If drinking water wells, septic tank/drain field is off site, please show the location of these systems on the adjacent property or properties and provide a copy of the easement agreement(s).
- If applicable, identify existing and proposed landscaping, screening and/or fencing. (Show type of landscaping, size, spacing, and provisions for irrigation).
- If applicable, include outdoor lighting and signage. Label each as existing or proposed.

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I (We) certify under penalty of perjury and under the laws of the State of Washington the foregoing is true, correct and complete to the best of my (our) knowledge. I (We) further certify that all Easements, Deed Restrictions, other encumbrances, and/or issues restricting or affecting the use or condition of the property have been disclosed to the best of my (our) knowledge and are shown on the site plan submitted with this application. I (we) further affirm that by my (our) signature below that I (we) have obtained legal permission to build within or encumber all easements on this property. Applicant/Owner(s) assumes all risk and liability for any claims and liabilities.

Print Owner/Applicant Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# COMMERCIAL BUILDING PERMIT SUBMITTAL CHECKLIST

**THIS IS NOT A REVIEW.** This list is used to assure that your submittal includes at least the minimum information needed to start the zoning/building review process. **Building permit applications will not be accepted until ALL requirements have been satisfied.**

| APPLICANT SUBMITTAL ITEMS  |                          |                          | STAFF VERIFICATION / INTAKE COMMENTS   |
|--|--------------------------|--------------------------|--|
|  | YES                      | N/A                      |  |
| 1.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Yes<br>BP #'s: _____<br><input type="checkbox"/> Yes  |
|  | <input type="checkbox"/> | <input type="checkbox"/> | Complete Application   |
|  | <input type="checkbox"/> | <input type="checkbox"/> | Previous Building Permits and Status?  |
|  | <input type="checkbox"/> | <input type="checkbox"/> | Have Easements Been Disclosed?   |
| 2.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No <input type="checkbox"/> Yes; Date Created: _____  |
|  | <input type="checkbox"/> | <input type="checkbox"/> | Deed / Legal Description (Attached)  |
|  | <input type="checkbox"/> | <input type="checkbox"/> | Legal Lot of Record  |
| 3.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Yes<br>Road: _____ ROW: _____<br>Road: _____ ROW: _____<br>Road: _____ ROW: _____<br><input type="checkbox"/> No <input type="checkbox"/> Yes; Notice to Title Submitted for Primitive Rd?  |
|  | <input type="checkbox"/> | <input type="checkbox"/> | Copy of Legal Access Attached?<br>(Please Circle the Access Type, Below)<br>County, State, Primitive County Road,<br>Private, Access Easement, Forest Service Road   |
|  | <input type="checkbox"/> | <input type="checkbox"/> | Driveway Permit (Attached)   |
| 4.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> County <input type="checkbox"/> UGA Name: _____<br><input type="checkbox"/> Additional Requirements for UGA<br><br><input type="checkbox"/> Land Use Permit Conditions of Approval attached<br>Violations <input type="checkbox"/> No <input type="checkbox"/> Yes; File #: _____   |
|  | <input type="checkbox"/> | <input type="checkbox"/> | Zoning: County or Urban Growth Area<br>(Check with Department Staff for Setbacks, Zoning, and<br>Critical Area Restrictions)   |
|  | <input type="checkbox"/> | <input type="checkbox"/> | Have Subdivision Notes and Conditions of Approval Been<br>Achieved? (Refer to Respective Files)  |
| 5.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Conical <input type="checkbox"/> Horizontal <input type="checkbox"/> Notice to Title<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Form Submitted<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Geologic Site Assessment Attached<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Wetland Delineation Attached<br><input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ <input type="checkbox"/> Height Restriction: _____<br><input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ <input type="checkbox"/> Setback: _____<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Official FEMA Map Verification Required<br><input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____ <input type="checkbox"/> DFW Referral Required<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Setback Waiver Required  |
|  | <input type="checkbox"/> | <input type="checkbox"/> | <b>CRITICAL AREAS AND REPORTS</b>  |
|  | <input type="checkbox"/> | <input type="checkbox"/> | Airport Overlay District   |
|  | <input type="checkbox"/> | <input type="checkbox"/> | Aquifer Recharge Area  |
|  | <input type="checkbox"/> | <input type="checkbox"/> | Geologic Hazard(s) and Geologic Site Assessment  |
|  | <input type="checkbox"/> | <input type="checkbox"/> | Wetland(s) and Wetland Delineation   |
|  | <input type="checkbox"/> | <input type="checkbox"/> | Shoreline of the State (Call the Department if unsure)   |
|  | <input type="checkbox"/> | <input type="checkbox"/> | Stream(s) and/or Lake(s)   |
|  | <input type="checkbox"/> | <input type="checkbox"/> | Flood Plain and/or Floodway  |
|  | <input type="checkbox"/> | <input type="checkbox"/> | Habitat  |
|  | <input type="checkbox"/> | <input type="checkbox"/> | Resource Land (e.g. AC, FC or MC zoning)   |
| 6.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attached<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attached<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attached<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attached<br><input type="checkbox"/> Yes <input type="checkbox"/> No: Existing: _____ Proposed: _____<br><input type="checkbox"/> Yes <input type="checkbox"/> No: Existing: _____ Proposed: _____<br><input type="checkbox"/> Yes <input type="checkbox"/> No: Existing: _____ Proposed: _____<br><input type="checkbox"/> Yes <input type="checkbox"/> No: Existing: _____ Proposed: _____   |
|  | <input type="checkbox"/> | <input type="checkbox"/> | <b>ADDITIONAL COMMERCIAL ITEMS</b>   |
|  | <input type="checkbox"/> | <input type="checkbox"/> | SEPA (Environmental Checklist)   |
|  | <input type="checkbox"/> | <input type="checkbox"/> | Landscape Plan   |
|  | <input type="checkbox"/> | <input type="checkbox"/> | Traffic Impact Study   |
|  | <input type="checkbox"/> | <input type="checkbox"/> | Stormwater Drainage Plan   |
|  | <input type="checkbox"/> | <input type="checkbox"/> | Parking; Existing: _____ Proposed: _____   |
|  | <input type="checkbox"/> | <input type="checkbox"/> | ADA Compliant Parking; # of spaces: _____  |
|  | <input type="checkbox"/> | <input type="checkbox"/> | Employees; Existing: _____ Proposed: _____   |
|  | <input type="checkbox"/> | <input type="checkbox"/> | Restaurant; Existing seats: _____ Proposed: _____  |
| 7.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No Scale Utilized: _____<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No: Snow Load: _____<br><input type="checkbox"/> Yes <input type="checkbox"/> No: Designed for Wind, Snow, Seismic and Frost?<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Building Height: _____<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Zoning Height: _____<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Shoreline Height: _____<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attached<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attached <input type="checkbox"/> Submittal at Framing Inspection<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Attached |
|  | <input type="checkbox"/> | <input type="checkbox"/> | <b>BUILDING PLANS IN ARCHITECTUAL SCALE</b>  |
|  | <input type="checkbox"/> | <input type="checkbox"/> | Foundation Plan  |
|  | <input type="checkbox"/> | <input type="checkbox"/> | Floor Plan (each floor level)  |
|  | <input type="checkbox"/> | <input type="checkbox"/> | Means of Egress Plan   |
|  | <input type="checkbox"/> | <input type="checkbox"/> | Floor Framing (each floor & decks)   |
|  | <input type="checkbox"/> | <input type="checkbox"/> | Roof Framing Plan  |
|  | <input type="checkbox"/> | <input type="checkbox"/> | Engineering (Original wet-stamp required)<br>(Verify design criteria w/the Building Division)  |
|  | <input type="checkbox"/> | <input type="checkbox"/> | Mechanical and Plumbing systems  |
|  | <input type="checkbox"/> | <input type="checkbox"/> | Cross-section(s)   |
|  | <input type="checkbox"/> | <input type="checkbox"/> | Elevation Drawings (All four sides)  |
|  | <input type="checkbox"/> | <input type="checkbox"/> | Finished & Existing Grade shown and labeled  |
|  | <input type="checkbox"/> | <input type="checkbox"/> | Elevation of Building Site: _____(ft.)   |
|  | <input type="checkbox"/> | <input type="checkbox"/> | Northwest Energy Efficiency Council Compliance Form  |
|  | <input type="checkbox"/> | <input type="checkbox"/> | Heat Loss Calculations   |
|  | <input type="checkbox"/> | <input type="checkbox"/> | Stormwater Plan (If Applicable)  |
| 8.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> N/A <input type="checkbox"/> Yes; Expiration date: _____  |
|  | <input type="checkbox"/> | <input type="checkbox"/> | Copy of Contractor's License (Unexpired)   |
| 9.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Yes   |
|  | <input type="checkbox"/> | <input type="checkbox"/> | Vicinity Map   |
| 10.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Yes <input type="checkbox"/> Required Parking shown on site plan  |
|  | <input type="checkbox"/> | <input type="checkbox"/> | Site Plan (Please refer to site plan checklist)  |
| 11.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
|  | <input type="checkbox"/> | <input type="checkbox"/> | Submittal Fees Paid  |
| <b>BUILDING PERMITS ARE NOT ISSUED UNTIL THE DEPARTMENT RECIEVES VERIFICATION FOR WATER &amp; SEWER/SEPTIC</b> |                          |                          |  |
| 12.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> Pending   |
|  | <input type="checkbox"/> | <input type="checkbox"/> | Water Availability Letter—or—ACHD Well approval  |
| 13.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> Pending   |
|  | <input type="checkbox"/> | <input type="checkbox"/> | Sewer Availability Letter—or—ACHD Septic Permit  |