



## ACCESSORY DWELLING UNIT PERMIT APPLICATION

**Garfield County**  
**Public Works**  
 300 S 19<sup>th</sup> Street  
 PO Box 160  
 Pomeroy, WA 99347  
 509-843-1301

PROJECT LOCATION	
<b>SITE ADDRESS</b>	
<b>TAX PARCEL #</b>	

APPLICANT	<input type="checkbox"/> OWNER <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> OTHER: _____	
<b>Name:</b>		<b>Day Phone</b>
<b>Mailing Address:</b>		
<b>E-mail:</b>		<b>Cell Phone</b>
PROPERTY OWNER		
<b>Name:</b>		<b>Day Phone</b>
<b>Mailing Address:</b>		
<b>E-mail:</b>		<b>Cell Phone</b>
CONTRACTOR	<input type="checkbox"/> YES <input type="checkbox"/> N/A	
<b>Name:</b>		<b>Day phone</b>
<b>Mailing Address:</b>		
<b>E-mail:</b>		<b>Cell Phone</b>
<b>Contractor License #</b>		<b>Expiration Date</b>

PERSON PERFORMING THE WORK
<p><input type="checkbox"/> I am currently registered and properly licensed as a CONTRACTOR or SPECIALITY CONTRACTOR as defined under RCW 18.27.010 and 18.27.110 and am legally qualified to perform the work sought by this permit; or</p> <p><input type="checkbox"/> I am an AUTHORIZED AGENT of the property owner and all work will be done by a properly licensed contractor or a specialty contractor as defined under RCW 18.27.010 and 18.27.110 and is legally qualified to perform the work sought by this permit; or:</p> <p><input type="checkbox"/> I am EXEMPT from the requirements of the Contractor Registration laws, per RCW 18.27.090, and will abide by all provisions and conditions of the exemption as stated. I will do all of my own work or use all registered and licensed contractors and/or specialty contractors in connection with the work to be performed under the permit applied herein.</p>
<p><b>Signature:</b> _____ <span style="float: right;"><b>Date:</b> _____</span></p> <p><b>Print Name:</b> _____</p>

For information about Contractor Licensing and Registration Requirements, please contact the Washington State Department of Labor & Industries at 1-509-735-0100 (or) <http://www.lni.wa.gov/> (or) <http://lni.wa.gov/TradesLicensing/Contractors/HireCon/default.asp>

**PAYMENTS:** Make check payable to Garfield County.

REQUIRED DOCUMENTS		(Additional documents may be required upon completion of review)	
<input type="checkbox"/>	<b>Construction plans</b> or detailed drawings/description <ul style="list-style-type: none"> <li>See Plan Review Checklist</li> </ul>	<input type="checkbox"/>	<b>Site Plan</b> <ul style="list-style-type: none"> <li>See Sample Site Plan</li> </ul>
<input type="checkbox"/>	<b>Floor Plan</b> showing the proposed use of each room <ul style="list-style-type: none"> <li>Show dimensions of rooms</li> <li>Firewall separation required for attached ADUs</li> </ul>	<input type="checkbox"/>	Plumbing/Mechanical Fixture Sheet if adding, replacing, or relocating fixtures
		<input type="checkbox"/>	Washington State Energy Code worksheet - find at <a href="https://bit.ly/3fS9B8f">https://bit.ly/3fS9B8f</a>

PROJECT INFORMATION	Description of Work:

<b>Project Valuation</b> (Based on Fair Market Value of Labor and Materials): \$ _____		
<b>Proposed Use</b> (Full time, vacation, cabin):	<b>Type of Construction</b> (block/wood/metal/stick-built):	
<b>Total Existing Impervious Surface</b> (sq. /ft.):	<b>Total New Impervious Surface</b> (sq. /ft.):	
<b>Total Existing Lot Coverage</b> (sq. /ft.):	<b>Total New Lot Coverage</b> (sq. /ft.):	
<b>Where is the ADU located on your property?</b>  <input type="checkbox"/> Addition <input type="checkbox"/> Stand-Alone Building <input type="checkbox"/> Basement <input type="checkbox"/> Other: _____	<b># of Stories:</b>	<b># of Dwellings:</b>
	<b>Basement:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Total # Bedrooms:</b>
<b>Building Height:</b>	<b>Heat Source:</b> <input type="checkbox"/> Electric <input type="checkbox"/> Other _____	
<b>Sewer Connection:</b> <input type="checkbox"/> New <input type="checkbox"/> Revise <input type="checkbox"/> Existing <input type="checkbox"/> N/A	<b>Water Connection:</b> <input type="checkbox"/> New <input type="checkbox"/> Revise <input type="checkbox"/> Existing <input type="checkbox"/> N/A	

<b>LENDER INFORMATION:</b>	<b>Self-Financed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If you checked "NO" - Information must be provided for projects valued over \$5,000 per RCW 19.27.095.</i>	
<b>Name of Lender:</b> (or) Bonding Company providing interim construction financing:	<b>Phone:</b>
<b>Address:</b>	

APPLICANT CERTIFICATION	
* I certify that I am the <b>owner</b> of the property described above (or) the owner(s) <b>authorized agent</b> and I have been given express permission by the owner(s) of the property to submit this application for permit and that I am authorized by the owner(s) of this property to perform the work for which the application is made and I comply with the requirements of the Washington State Contractors Act, per RCW 18.27. I certify that to the best of my knowledge, the information submitted in support of this permit application is true and correct. I understand that issuance of this permit does not remove the owner's responsibility for compliance with local, state or federal laws regulating construction, land use or environmental laws.	
<b>Signature of Applicant:</b> Owner (or) Authorized Agent	<b>Date:</b>
<b>Print Name:</b>	
<b>NOTICE:</b> An application for a permit for any proposed work shall be deemed to be abandoned 180 days after the date of filing unless an application has been pursued in good faith or a permit has been issued.	

**STAFF USE ONLY**

**Zone:**  
Allowed use  Yes  No

SEPA Exempt  Yes  No  
RCW Citation:

<b>Allowed Setbacks:</b>	<b>Front:</b>	<b>Side:</b>	<b>Rear:</b>	<b>Other:</b>
<b>Actual Setbacks:</b>	<b>Front:</b>	<b>Side:</b>	<b>Rear:</b>	<b>Other:</b>
CUP requested <input type="checkbox"/> Yes <input type="checkbox"/> No	Flood Zone <input type="checkbox"/> Yes <input type="checkbox"/> No		Wetland <input type="checkbox"/> Yes <input type="checkbox"/> No	Landslide Hazard <input type="checkbox"/> Yes <input type="checkbox"/> No
Variance requested <input type="checkbox"/> Yes <input type="checkbox"/> No	Elevation Certificate Required <input type="checkbox"/> Yes <input type="checkbox"/> No		Riparian Area <input type="checkbox"/> Yes <input type="checkbox"/> No	Erosion Hazard <input type="checkbox"/> Yes <input type="checkbox"/> No
Right of Way Permit Required <input type="checkbox"/> Yes <input type="checkbox"/> No	Approach Permit Required <input type="checkbox"/> Yes <input type="checkbox"/> No			
Historic District/Designation:	Aquifer Protection <input type="checkbox"/> Yes <input type="checkbox"/> No		Shoreline <input type="checkbox"/> Yes <input type="checkbox"/> No	Seismic Hazard <input type="checkbox"/> Yes <input type="checkbox"/> No
COA Req'd: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Special Studies submitted:			

**NOTES:**

**APPROVALS:**

County Road

Planning & Zoning

Sheriff's Dept - Address

Assessor's Office

Treasurer's Office

Health District

Building – Columbia County

\_\_\_\_\_  
Permit Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Public Works Director

\_\_\_\_\_  
Date