

# Application Checklist – Detached Accessory Structure (over 200 sq. ft.)



**Please read and follow thoroughly.**

Submit all below listed items as **individual PDF files** to [PermitSubmittal@FranklinCountyWA.gov](mailto:PermitSubmittal@FranklinCountyWA.gov).

The permit process will move forward faster if all items are fully complete before submittal.

Do **NOT** send files via a cloud-based service. The application will be rejected. *Multiple emails can be sent for one application.*

## **All items listed below are required upon submittal.**

Check the box (☐) once an item has been completed.

### **Required Building Information**

- Completed Building Permit Application Form
- Completed Contractor Information Sheet
  - Please include business addresses, phone number, email, and UBI number for each contractor
  - All contractors and sub-contractors must have/obtain a valid Franklin County Business License
- Construction or Engineered Drawings
- Structural Engineering Plans and Calculations, required if:
  - Pole Building; or,
  - Steel Building; or,
  - Stick-Built with framed walls over 10'-1 1/8" plate height.
- Overall Structure Height
- Wall Height(s)
- Truss Layout (required for pole building or stick-frame)
- Engineer Stamped Truss Prints (must bear the stamp and signature of a WA state licensed engineer)
- Header locations and schedule on plans
- Evaluated Header Schedule (per Engineer Stamped Truss Prints) by licensed Architect or Engineer
- Evaluated Footing Sizing (per Engineer Stamped Truss Prints) by licensed Architect or Engineer

Office Review

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

If the detached accessory structure is to be heated, the following shall apply:

- 2018 Washington State Energy Compliance (WSEC) Form
  - Energy Credit Selection table must be on the plans.
  - Pages 1 through 3 must be fully complete and signed by the applicant.
  - Full document shall be submitted with the application as a separate PDF file.
- AHRI Certificates with equipment specifications
  - Applies to all equipment selected on the WSEC form.
    - Example: heat pump, mini-split, and water heater.
- Fireplace, Wood Stove, or Pellet Stove, if installed
  - Provide manufacturer specifications and installation instructions for selected model.
  - Please specify or highlight model.

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

# Application Checklist – Detached Accessory Structure (over 200 sq. ft.)



Check the box (☐) once an item has been completed.

## Required Site Plan Information

- Compass directional arrow, indicating North
- Street Name(s)
- Property Lines, show the length in feet
- Show all structures on the parcel
  - Include any lean-tos, covered patios, decks, etc.
- Place an "X" on all structures, except the structure being permitted

Office Review

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Location(s) of:

- Septic tank, drain field, and reserve drain field
- Well, private or shared (if not connecting to municipal water system)
- Municipal water meter (if not connecting to a well)
- Water supply line from the well/water meter to proposed structure.
  - Required only if: plumbing is installed, is near the well/water meter location, or the structure is receiving water from an existing home.
- Driveway and/or private access road
- Recorded easements and/or rights-of-way
- Existing canals and/or buried pipe drains
- Attached garage/Accessory unit (required only if in an UGA or Rural Shoreline area)
- Solar Panels, if installing on the ground.

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Distances from the:

- Proposed structure to all existing structures
- Proposed structure to all property lines
- Nearest front corner of the proposed structure to the front property line

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Known geo-hazards, including:

- Slopes of 15% or greater (please show elevations in ten (10) foot intervals)
- Floodplains / Flood Zones
- Wetlands
- Landslide / Erosion Areas

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Indicate Setbacks:

- If there is no year-round approved fire suppression system or hydrant within 500 feet (as measured along the road) of the property, all structures shall follow the Franklin County Fire Code (Ch. 8.40.080) setback standards:
  - Front: Twenty-five (25) feet.
  - Side: Twenty (20) feet.
  - Rear: Twenty-five (25) feet.
  - Between Structures: Fifteen (15) feet.
- If there is a year-round approved fire suppression system or hydrant within 500 feet (as measured along the road) of the property, all structures shall follow the underlying zoning district setbacks. *Please contact a Planner for more information.*

- \_\_\_\_\_
- \_\_\_\_\_

# Application Checklist – Detached Accessory Structure (over 200 sq. ft.)



## Required Miscellaneous Items

- Road Approach Permit (required for construction of an accessory structure, valued at \$25,000 or more)
  - Contact Franklin County Public Works.
    - If address is within the unincorporated areas of Franklin County.
  - Contact Washington State Dept. of Transportation (WSDOT)
    - If address is off a State Route/Highway (ex. SR 17, SR 260, US 395).
  - City of Mesa or City of Kahlotus
    - If constructing within the city limits of Mesa or Kahlotus.
- On-Site Sewage Evaluation Report from the Benton-Franklin Health District (BFHD), required if:
  - Lot/Parcel is less than one (1) acre, and
  - Adding a bedroom to the accessory structure, or
  - The proposed accessory structure was not on the original septic permit.
- Notarized Letter
  - Only required if the Developer/Building owner is different than the Land/Property owner
- SEPA Checklist
  - Required only if proposed structure is 30,000 sq. ft. or more
  - Requires additional review time and a separate fee

Office Review

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

## Private Access Roads or Lanes – Shall be constructed to current Franklin County Design Standards

- For more information, please visit: <https://www.franklincountywa.gov/DocumentCenter/View/1240/Design-Standards-PDF>, or Franklin County Public Works Department (located at 3416 N. Stearman Ave, Pasco, WA 99301).

---

## **DISCLAIMERS:**

- ❖ Additional items may be required if requested by staff.
- ❖ The Franklin County Planning and Building Department has adopted an “all or nothing” policy regarding building permit applications. If an item is missing, your application will be denied.
- ❖ Once all material in the checklist has been submitted to our office, staff will conduct a “determination of completeness” of an application. Once the application has been deemed complete, the permit will start the official review process.

---

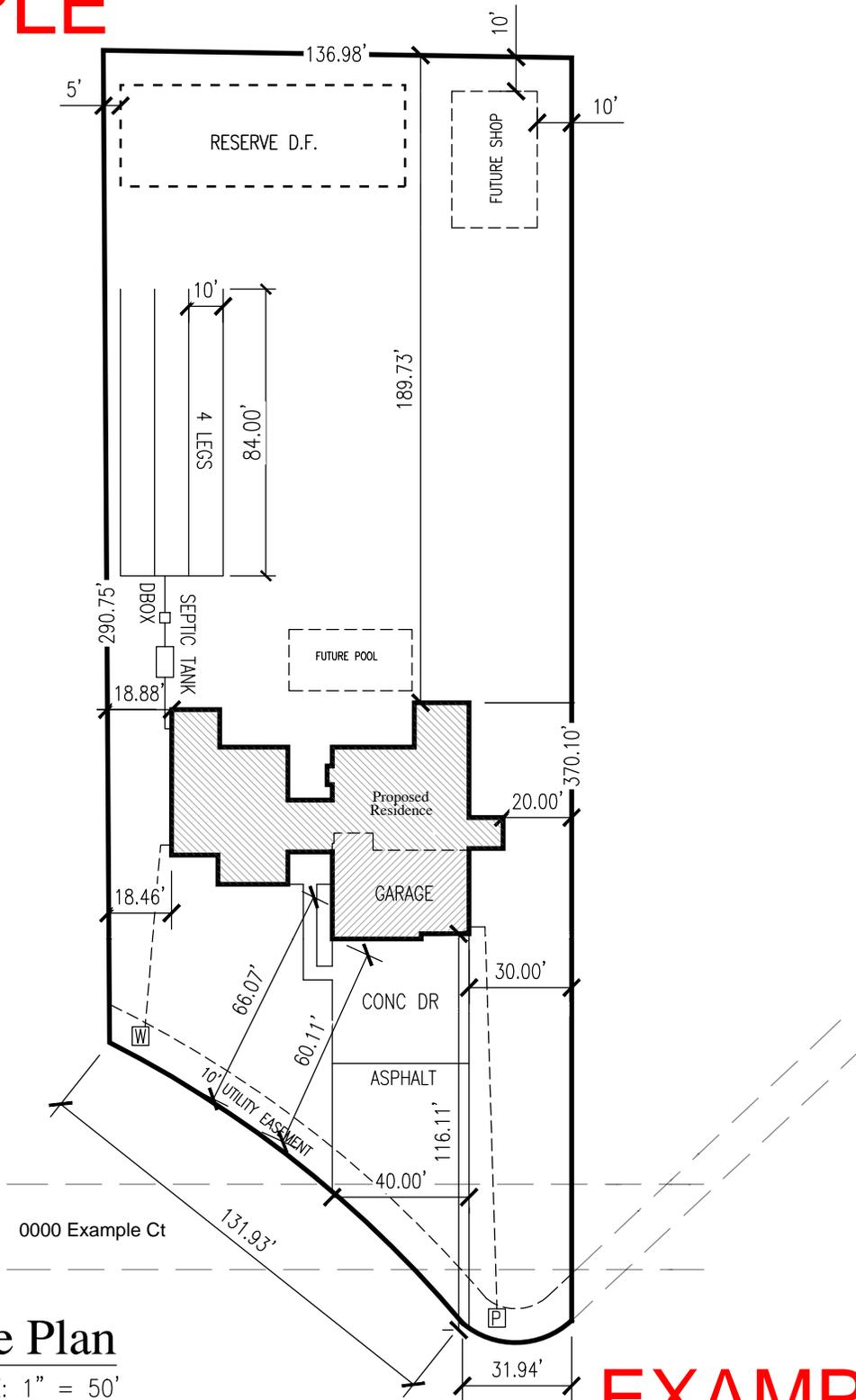
If you have any questions, please feel free to contact the Planning and Building Department at (509) 545-3521 or email:

[PlanningInquiry@FranklinCountyWA.gov](mailto:PlanningInquiry@FranklinCountyWA.gov)

or

[PermitSubmittal@FranklinCountyWA.gov](mailto:PermitSubmittal@FranklinCountyWA.gov)

# EXAMPLE



## Site Plan

SCALE: 1" = 50'

# EXAMPLE

### LEGAL DESCRIPTION:

EAGLE CREST PHASE X LOT X  
FRANKLIN COUNTY, WA

TAX PARCEL #: 000-000-000

TOTAL LIVABLE SF:	<b>4526</b>
GARAGE SF:	1076
COVERED AREA SF:	644

### LEGEND:

W=WATER  
I=IRRIGATION  
S=SEWER  
P=POWER



**BUILDING PERMIT APPLICATION --  
NEW DETACHED ACCESSORY STRUCTURE (over 200 sq. ft.)**

Permit #: \_\_\_\_\_

**\*\* All applicaton items in BOLD must be completed \*\***

**Incomplete applications will be denied.**

S T A M P

Submit completed application to: [PermitSubmittal@FranklinCountyWA.gov](mailto:PermitSubmittal@FranklinCountyWA.gov)

Site Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parcel Number \_\_\_\_\_ Legal Description \_\_\_\_\_

Building Owner \_\_\_\_\_ Mailing Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_

Property Owner \_\_\_\_\_ Mailing Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_

Contractor \_\_\_\_\_ Business Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_

Email Address \_\_\_\_\_ UBI Number \_\_\_\_\_ WA State Contractor License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Engineer/Architect/Designer \_\_\_\_\_ E-Mail Address \_\_\_\_\_ Phone # \_\_\_\_\_

After review of your plans, the Building Department may have comments or requests for additional information that are required prior to issuance of your building permit. Please provide the preferred method of contact below.

**Please choose the preferred point of contact, provide the necessary information, and print clearly.**

- E-mail Address (Contractor): \_\_\_\_\_
- E-mail Address (Owner): \_\_\_\_\_
- E-mail Address (Other): \_\_\_\_\_

<u><b>Use of Structure</b></u>	<u><b>Type of Construction</b></u> <input type="checkbox"/> Pole Building <input type="checkbox"/> Steel Structure <input type="checkbox"/> Stick-Frame	<u><b>Valuation of Structure</b></u>
--------------------------------	---	--------------------------------------

**Section below must be completely filled in.**

<b>Square Footage:</b> Main Floor: _____ 2nd Floor: _____ Garage: _____ Basement: _____
<b>Covered Porch/Patio(s):</b> <input type="checkbox"/> No <input type="checkbox"/> Yes »» Sq. Ft.: _____ <b>Total Square Footage:</b> _____
<b>Overall Building Height:</b> _____ <b>Wall Height:</b> _____ <b>Basement Wall Height:</b> _____ (Engineering req'd for walls over 10')
<b>Bathroom:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes »» If "Yes", please select all that apply: <input type="checkbox"/> Half Bath <input type="checkbox"/> Full Bath # of Bathrooms: _____
<b>Water Heater Type:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes »» <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> L.P.G. # of Units: _____ Model #: _____
<b>HVAC System:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes »» If "Yes", # of Units: _____ Model #: _____
<b>Mini Split System:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes »» If "Yes", # of Units: _____ Model #: _____
<b>Fireplace:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes »» If "yes", please select the fireplace type: <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Wood Stove <input type="checkbox"/> Pellet Stove

Scope of Work/Additional Comments: \_\_\_\_\_

OFFICE NOTES:



# CONTRACTOR INFORMATION SHEET

Permit #: \_\_\_\_\_

*Application will be denied if not fully complete.*

Please provide the necessary information for each contractor and sub-contractor to the fullest extent possible.

*Notify the Planning & Building Department of any change of contractor or sub-contractor.*

**Required with every permit application**

S T A M P

## Registration of Business Required per Franklin County Code Ch. 5.04.020.

**A.** Business registration is required for conformance with local and/or state laws. In the course of regulating businesses and occupation under its authority, Franklin County may require businesses and occupations affected with a public interest to obtain a business registration.

**B.** Where the ordinances of the County require a registration or fee for the conduct of any business, occupation or activity, no person shall engage in such business, occupation, or activity within the unincorporated areas of Franklin County unless said person has a valid county business registration.

Property Owner: \_\_\_\_\_

APPROVED BY:

Jobsite Address/Parcel Number: \_\_\_\_\_

### General Contractor

County Business License #: \_\_\_\_\_

Company Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

UBI Number: \_\_\_\_\_

Office Review: \_\_\_\_\_

### Excavation Contractor

County Business License #: \_\_\_\_\_

Company Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

UBI Number: \_\_\_\_\_

Office Review: \_\_\_\_\_

### Footings & Foundation Contractor

County Business License #: \_\_\_\_\_

Company Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

UBI Number: \_\_\_\_\_

Office Review: \_\_\_\_\_

### Concrete / Flatwork Contractor

County Business License #: \_\_\_\_\_

Company Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

UBI Number: \_\_\_\_\_

Office Review: \_\_\_\_\_

### Plumbing Contractor

County Business License #: \_\_\_\_\_

Company Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

UBI Number: \_\_\_\_\_

Office Review: \_\_\_\_\_

Continued on next pages &gt;&gt;&gt;&gt;

**HVAC Contractor**

County Business License #: \_\_\_\_\_

Company Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

UBI Number: \_\_\_\_\_

*Office Review:* \_\_\_\_\_**Framing Contractor**

County Business License #: \_\_\_\_\_

Company Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

UBI Number: \_\_\_\_\_

*Office Review:* \_\_\_\_\_**Roofing Contractor**

County Business License #: \_\_\_\_\_

Company Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

UBI Number: \_\_\_\_\_

*Office Review:* \_\_\_\_\_**Masonry Contractor**

County Business License #: \_\_\_\_\_

Company Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

UBI Number: \_\_\_\_\_

*Office Review:* \_\_\_\_\_**Insulation Contractor**

County Business License #: \_\_\_\_\_

Company Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

UBI Number: \_\_\_\_\_

*Office Review:* \_\_\_\_\_**Drywall Contractor**

County Business License #: \_\_\_\_\_

Company Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

UBI Number: \_\_\_\_\_

*Office Review:* \_\_\_\_\_**Painting Contractor**

County Business License #: \_\_\_\_\_

Company Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

UBI Number: \_\_\_\_\_

*Office Review:* \_\_\_\_\_**Interior Flooring Contractor**

County Business License #: \_\_\_\_\_

Company Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

UBI Number: \_\_\_\_\_

*Office Review:* \_\_\_\_\_

**Electrical Contractor**

County Business License #: \_\_\_\_\_

Company Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

UBI Number: \_\_\_\_\_

Office Review: \_\_\_\_\_

**Landscaping Contractor**

County Business License #: \_\_\_\_\_

Company Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

UBI Number: \_\_\_\_\_

Office Review: \_\_\_\_\_

**Septic System Contractor**

County Business License #: \_\_\_\_\_

Company Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

UBI Number: \_\_\_\_\_

Office Review: \_\_\_\_\_

**Well Driller Contractor**

County Business License #: \_\_\_\_\_

Company Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

UBI Number: \_\_\_\_\_

Office Review: \_\_\_\_\_

Contractor Notes/Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE NOTES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

