

**BUILDING APPLICATION INTAKE FORM  
MANUFACTURED HOME**

Staff Intake Initials \_\_\_\_\_ Date \_\_\_\_\_  
BP# \_\_\_\_\_

This checklist is for manufactured homes. Minimum drawing size 11" X 17". Minimum scale 1" per 10' for site plan, ¼" per 1' for structural plans.

- Completed and Signed Building Permit Application
- Manufactured Home Installer's Certificate
- Site/Plot Plan
  - Legal description
  - Address
  - Lot size dimensions
  - Location on lot with distances to lot lines
  - Other structure locations and distances to
  - Sewer line location
  - Water line location
  - Driveway & parking pad location(s)
  - Stormwater location (i.e., downspouts, drywells, infiltration trenches, etc.)
  - All easement/street locations
  - Propane tank location, size, and distance to structures and lot line
  - Location of critical areas (if applicable)
- Footing/Foundation Plan
- Floor Plan
  - Year/Make/Model of manufactured home
  - Room identification
- Fees: included but not limited to:
  - Manufactured home fee
  - Site plan review
  - GFCs – water & sewer
  - Transportation impact
  - Park impact



152 W Cedar Street  
 phone 360-683-4908  
 fax 360-681-0552  
[www.sequimwa.gov](http://www.sequimwa.gov)

**PROJECT LOCATION & DETAILS**

Address \_\_\_\_\_ Geographic ID No. (Parcel #) \_\_\_\_\_  
 Legal Description \_\_\_\_\_  
 Project Description \_\_\_\_\_

- |                         |                  |                   |                    |
|-------------------------|------------------|-------------------|--------------------|
| Accessory Dwelling Unit | Addition         | Change of Use     | Demolition         |
| Fire Alarm/Sprinkler    | Fire Suppression | New Construction  | Relocation         |
| Remodel/Replace/Repair  | Reroof           | Sign Installation | Tenant Improvement |

**APPLICANT**

Applicant Type: Agent Architect Contractor Designer Engineer Owner Tenant Other \_\_\_\_\_  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

**PROPERTY OWNER**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

**CONTRACTOR**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_  
 State Business License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 City Business License (UBI) No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

**PROPOSED CONSTRUCTION**

Stories \_\_\_\_\_ Units \_\_\_\_\_  
 Bedrooms \_\_\_\_\_ Bathrooms \_\_\_\_\_  
 1st Floor sq. ft. \_\_\_\_\_ 2nd Floor sq. ft. \_\_\_\_\_  
 Garage sq. ft. \_\_\_\_\_ Attached Detached  
 Carport sq. ft. \_\_\_\_\_ Attached Detached  
 Porch/deck sq. ft. \_\_\_\_\_ Covered Uncovered  
 Basement sq. ft. \_\_\_\_\_ Heated Unheated Value for Work & Materials \$ \_\_\_\_\_

**CONSTRUCTION FINANCING LENDER**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

<b>Project Address</b> _____  <b>Permit No.</b> _____		<b>Plumbing</b>	Quantity		Quantity		
			Toilet		Kitchen Sink		
			Shower		Dishwasher		
			Bathtub		Grease Trap		
			Sink		Sewer		
			Urinal		Slop Sink		
			Water Heater		Clothes Washer		
			Water Fountain		Lawn Sprinkler System		
<b>Utility Connections</b>	<b>New Water Service</b>		<b>Mechanical</b>	Air Condition Unit		Wall Heater	
	City	PUD #1		Air Handling Unit		Unit Heater	
	Private Well	Community Well		Ventilation Fan		HVAC	
	If private or community well, is property located in Dungeness Water Rule area? Yes No (If yes, provide Mitigation Certificate from Washington Water Trust)			Heat Pump		Range Hood	
	City Water Meter - Domestic	5/8" 1" 1-1/2" 2"		Ductless Heat Pump		Clothes Dryer	
	City Water Meter - Irrigation	5/8" 1" 1-1/2" 2"		Fireplace/Stove/Range		Propane Wood	
	Ditch Irrigation			Propane Tank		(No. of Gallons)	
	<b>New Sewer Service</b>	City Private Septic Community Septic		Type of Heat			

I hereby certify that the information provided is correct, that I am either the owner or authorized to act on behalf of the owner and that all activities associated with this permit will be in accordance with State laws and the City of Sequim Municipal Code. All sales tax paid to the State Dept. of Revenue on labor and materials used for construction with the Sequim City limits are to be reported under Location Code #0503. By signing below I agree to the applicable utility charges which will begin in 6 months or on the date of final inspection, whichever comes first.

Owner/Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

Building Approval: \_\_\_\_\_ Date \_\_\_\_\_

Planning Approval: \_\_\_\_\_ Date \_\_\_\_\_

Engineering Approval: \_\_\_\_\_ Date \_\_\_\_\_

Cross Connection Control Approval: \_\_\_\_\_ Date \_\_\_\_\_