



COMMERCIAL BUILDING PERMIT APPLICATION

Application fee and Plan Review fee are due upon submittal. Plan review fee is 65% of permit fee
Please call or email for application / plan review fee quote

TENANT IMPROVEMENT

ALTERATION

CHANGE OF USE

Site Address:

Parcel #:

Applicant Name:

Phone:

E-mail address:

Mailing Address:

Property Owner:

Phone:

E-mail address:

Contractor:

Phone:

E-mail address:

WA State Contractor's License (required):

Describe what you plan to do (e.g.: Remodel for ABC Retail):

Project Value:

If value over \$5,000, is project financed? *

Yes

No

Lender name and address:

Total square feet of building:

Will food/drink be served?

Yes

No

Required Documents:

- A pdf of complete construction plans
See Commercial Plan Review checklist
Proposed Floor Plans with labels & dimensions
Plumbing/Mechanical fixture sheet
Non-residential energy code forms
(www.neec.net)

If applicable:

- Civil Plans
City of Walla Walla Business License
SEPA checklist and submittal requirements
Site Plan Review Application
Signage plans and application

All repairs or alterations to commercial buildings require a licensed WA State Engineer/
Architect's stamp on the plans. WVMC 15.04.005(D)

I certify, by checking this box and printing my name below, that the information submitted in this application packet is true and accurate. Determination of information to be in error could result in revocation of permit.
I understand that this application is not deemed filed until fees are paid.

Date:

Property Owner (required)

* RCW 19.27.095

COMMERCIAL PLAN REVIEW CHECKLIST

ELECTRONIC PLAN STANDARDS:

- ✓ All plans must be drawn **to scale** and have scale noted on each sheet.
 - ✓ **Flatten and merge** separate sheets into one file named, for example Structural Plans.
 - ✓ All documents must be submitted as a **PDF**.
- Submittals that do not meet these standards may be considered incomplete at intake.**

SITE PLAN:

Property lines	Easement	Right of Ways
Topography	Landscaping / Required Trees	Dimensions
Driveway location & width	Location of outdoor lighting and conduits	
Parking lot details, elevations, drainage, curb access, parking lot striping		

STRUCTURAL PLANS:

Foundation plan (cross section & plan view)		Section details
Typical Details	Framing plans	Roof plans

ARCHITECTURAL PLANS AND SPECIFICATIONS:

Cover/Title Sheet incl. Code Analysis	Demo Floor Plan	Floor Plan
Construction Type	Occupancy	
Room dimensions	All rooms labeled	Ceiling plan
Door & window schedule	Roof plan	Fire blocking
Exterior elevations	Interior elevations	Site details
Smoke detector locations	Wall cross section	Stair cross section
Building envelope NREC compliance forms		

MECHANICAL PLANS AND SPECIFICATIONS:

Demo plan	Site plan	Legend
Plumbing plan	Piping details	Backflow location
Fire protection plan	HVAC plans	HVAC details
Mechanical schedules	Equipment location	Roof plan
Mechanical NREC comp forms		

ELECTRICAL PLANS AND SPECIFICATIONS:

Symbols and note	Fixture schedule	Electrical site plan
Lighting plan	Equipment plans	Fire alarm diagram
Lighting NREC comp form	Equipment sections and details	

LANDSCAPING PLANS AND SPECIFICATIONS:

Landscaping plan	Irrigation plan (with backflow)	Plant schedule
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PUBLIC WORKS PLANS AND SPECIFICATIONS:

On-site storm drainage, size, location, and calculations
 Driveway location, size and handicap ramps
 Utility connection, size and location
 Parking lot lighting layout and details
 Industrial / Commercial Wastewater Survey form
 Premise isolation with RPBA unless you have an exception letter from the water division
 (n/a is not an acceptable response to this item)

I hereby state that the checked items are included in my application packet and construction drawings if they are applicable. Errors/omissions may result in delay of permit issuance and/or certificate of occupancy.

Date:

Printed Name of _____ Property Owner, _____ Owner's Authorized Agent, OR _____ Contractor

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PLUMBING PERMIT APPLICATION

Site Address:

Applicant Name:

Phone:

E-mail address:

Mailing Address:

Property Owner:

Phone:

E-mail address:

Contractor:

Phone:

E-mail address:

WA State Contractor's License (required):

Describe what you plan to do (Example: Remodel bathroom):

Any work done from or within the City's right-of-way may require a right-of-way permit in addition to the plumbing permit

	Qty
TOILET	
SINK: Kitchen/Bath/Laundry/Misc.	
SHOWER	
BATHTUB	
BATH/SHOWER COMBO	
FLOOR DRAIN	
CLOTHES WASHER	
DISHWASHER	
DISPOSAL	
BUILDING SEWER	
WATER PIPING	
BACKFLOW - LAWN SPRINKLER	

	Qty
DRINKING FOUNTAIN	
HOSE BIB	
WATER HEATER (ELEC)	
SUMP PUMP	
GAS PIPING	
URINAL	
MISC.FIXTURES	
DRAIN-WASTE-VENT SYSTEM	
GREASE TRAP	
EYE WASH UNITS	
TRENCH DRAINS	
BACKFLOW - PREMISES ISOLATION	

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MECHANICAL PERMIT APPLICATION

Site Address:

Applicant Name:

Phone:

E-mail address:

Mailing Address:

Property Owner:

Phone:

E-mail address:

Contractor:

Phone:

E-mail address:

WA State Contractor's License (required):

Describe what you plan to do (Example: Install furnace & a/c):

**Any work done from or within the City's right-of-way may require
a right-of-way permit in addition to the mechanical permit**

	Qty
MINI-SPLIT FURNACE/AIR COND.	
FURNACE<100,000BTU	
FURNACE>100,000BTU	
GAS PIPING	
AIR COND. BOILER 1-3t <small>(12K-36K btu's)</small>	
AIR COND. BOILER 4-15t <small>(48K-180K btu's)</small>	
GAS WATERHEATER	
MISC GAS APPLIANCE <small>(including gas range)</small>	
WOODSTOVE/INSERT	
VENT FAN/EXHAUST FAN	

	Qty
GAS FIREPLACE	
APPLIANCE VENT <small>(dryer)</small>	
RANGE HOOD <small>(res)</small>	
MISC. DUCTWORK	
EVAPORATIVE COOLER	
AIR COND. BOILER 16-30t <small>(192K-360K btu's)</small>	
AIR COND. BOILER 31-50t <small>(372K-600K btu's)</small>	
AIR COND. BOILER >51t <small>(>600K btu's)</small>	
RANGE HOOD <small>(comm.)</small>	

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Date:

Printed Name of _____ Property Owner, _____ Owner's Authorized Agent, OR _____ Contractor



RESIDENTIAL DESIGN REQUIREMENTS

WALLA WALLA TECHNICAL BUILDING CODES

DESIGN CRITERIA

Ground Snow Load*	Wind Speed
30 lbs./ft. ²	110 mph ultimate wind speed

Seismic Design Category	Frost Line Depth	Ice Shield Underlay
D ₀	24"	Yes

* Minimum roof snow load to be thirty lbs./ft.² in the City of Walla Walla.

The code first listed shall have priority over those latter listed:

International Building Code, Standards and amendments 2021 – WAC 51-50

International Residential Code, Standards and amendments 2021 – WAC 51-51

International Mechanical Code, Standards and amendments 2021– WAC 51-52

International Fire Code, Standards and amendments 2021 – WAC 51-54A

Uniform Plumbing Code, Standards and amendments 2021– WAC 51-56.

**SHORT INDUSTRIAL WASTE SURVEY
CITY OF WALLA WALLA**

MEETS 40 CFR 403 REQUIREMENT

NOTE: IF CONNECTED TO SEPTIC SYSTEM, PLEASE ONLY COMPLETE 1 – 3 AND CHECK HERE

ANY QUESTIONS ABOUT THIS SURVEY, PLEASE CONTACT JACOBS WASTEWATER MGMT: 509-527-4509

1. Company Name: _____
Mailing Address _____

Contact Person: _____ Title: _____
Telephone: _____
Email: _____

2. Facility Address: _____
If same as above Check

3. Type of Business *Please Check all that apply to activities at your place of business.*
Retail – describe type (to the
 right), _____
Small Office – describe type (to
 the right) _____

If you Checked either Retail or Small Office for your business type and none of the descriptions below apply to your business, please answer Questions 5 & 6, and skip all other questions. Please be sure to sign and date this form prior to returning it.

- | | |
|--|--|
| <input type="checkbox"/> <i>Motels/Hotels/Clubs/Schools/Colleges/Universities</i>
<i>Concern is efficiency of kitchen grease traps, frequency of clean out, disposal of grease.</i> | <input type="checkbox"/> <i>Dental Clinics</i> |
| <input type="checkbox"/> <i>Laboratory – Pharmacies and Commercial, Schools/Colleges/Universities</i>
<i>Concern is hazardous materials, disposal of chemicals, and potential for spills.</i> | <input type="checkbox"/> <i>Transportation Facilities</i>
<i>Concern is improper disposal of waste oils and inefficient grit traps.</i> |
| <input type="checkbox"/> <i>Hospitals</i> | |
| <input type="checkbox"/> <i>Doctor's Clinics</i> | <input type="checkbox"/> <i>Garages/Full Service Gas Stations/Radiator Shops</i>
<i>Concern is flushing of fluids or chemicals</i> |
| <input type="checkbox"/> <i>Restaurants</i>
<i>Concern is efficiency of kitchen grease traps, frequency of clean out, disposal of grease</i> | <input type="checkbox"/> <i>Barrel Reclaimers</i> |
| <input type="checkbox"/> <i>Print & Photo Copy/Photo Shops</i> | <input type="checkbox"/> <i>Arts & Crafts Shops</i>
<i>Concern is with paints & glazes (ceramic & other)</i> |
| <input type="checkbox"/> <i>Paint & Body Shops</i> | |

Industrial / Commercial Laundries

Waste Haulers

Other – Describe principal activities or the nature of processes at the facility, in the space provided below.

5. Number of Employees: _____

6. Operating Schedule: hrs/day _____ days/week _____

7. Standard Industrial Classification Code Number(s) and Classification(s) (if known): _____

8. Average total monthly water usage in gallons (monthly water billings will usually show this). _____

9. Is the building presently hooked to the sewer system? Y N

10. Are there floor drains present at your facility? Y N

11. Do you or will you use non-petroleum fats, oils or greases (cooking types of oil/grease) in your business? Y N

12. Do you or will you use petroleum oils or greases in your business? Y N

13. Grease trap present? Y N Size: _____

14. Describe any pretreatment facilities or practices used to remove pollutants or protect the sewer.

15. Do you or will you store or use chemicals on site in excess of household quantities? Y N

16. Do you or will you discharge wastewater (other than domestic wastes from toilets, showers, etc.) to the sewer system? Y N

17. Do you or will you have an Accidental Spill Prevention Plan (ASPP) for your business? Y N

18. Do you discharge Polychlorinated Biphenyls (PCBs) to the sewer? Y N

I certify that the information in this questionnaire is to the best of my knowledge true and complete. [This statement must be signed by an official authorized to sign for the company.]

Signature: _____

Date: _____

Print Name: _____

***PLEASE COMPLETE INFORMATION BELOW TO THE BEST OF YOUR KNOWLEDGE:**

HAZARDOUS WASTE INFORMATION / NOTIFICATION *(make copies & attach additional sheets if necessary) (required under 40 CFR 403.12)*

#	NAME OF WASTE	EPA Hazardous Waste Number	Type of Discharge:		<u>DESCRIBE OTHER</u>
			C – Continuous	B – Batch, O - Other	
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____

If more than 100 Kilograms (220 pounds) of any hazardous waste per calendar month is discharged to the sewer, please include the following items of information for each hazardous waste, to the extent such information is known and readily available.

HAZARDOUS CONSTITUENT INFORMATION:

<u>NAME OF CONSTITUENT</u>	Mass in Wastestream (this month)	Concentration in Wastestream (this month)	Mass in Wastestream (next 12 months)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OFFICE USE ONLY

Additional information

required?

FOR OFFICE USE ONLY:

Need to schedule site visit or other follow-up?	Y	N
Need to send an Industrial User permit application?	Y	N