

Town of Friday Harbor
PO Box 219 / Friday Harbor / WA / 98250
(360) 378-2810 / fax (360) 378-2380 / www.fridayharbor.org

Tenant Improvement Packet

Name of Business Owner: _____ Home Phone: _____

Business Owner Address: _____

Name of Business: _____ Business Phone: _____

Address of Business: _____ Tax Parcel: _____

Building Owner or Leasing Agency: _____

Mailing Address of Building Owner: _____

Email Address: _____

Yes No N/A Will you be doing any repairs, alterations, remodeling, or demolitions to the existing structure? If yes, please explain below.

Yes No N/A Will you be installing any new mechanical fixtures or any new plumbing fixtures? If yes, a permit is required as well as a Water Department Checklist. Please obtain applications and checklist from the Community Development Department.

Yes No N/A Has the applicant obtained approval from the Community Development Department as to if the business will be allowed in the zone of the location? Please see the Town's Zoning Coordinator.

Yes No N/A Has the new business applied for a Town business license? Please obtain an application from the main administration office.

Yes No N/A Has the new business obtained a Sign Permit Application? A new sign permit is also required for alterations of existing signs, etc.

Yes No N/A Have you obtained a fire and life safety inspection from the Town Fire Chief. If so, please attach a copy of that inspection.

Yes No N/A When is the expected opening date? _____

Signature

Date



TOWN OF FRIDAY HARBOR
Post Office Box 219 • Friday Harbor, Washington 98250
(360) 378 – 2810 • FAX: (360) 378 – 5339 • www.fridayharbor.org

Building Permit Application

Application date	Tax parcel number	Office Use Only	
		BP#	Date Permitted
Name of legal property owner		Property owner phone number	
Property Owner email address			
Property owner mailing address			
Authorized Agent (Letter of Agent Authorization required)		Authorized Agent phone number	
Authorized Agent email address			
Authorized Agent address			
Job site address/physical location of property			
Description of work to be performed			
Is the project or site within 200 feet of the body of water?		Yes. If yes, must show on plans.	No
Is project located within the Historic District? (see attached map)		Yes. If yes, must submit HPRB Review App.	No
Type of permit requested - check the appropriate box(es).			
New Residence		Residential Addition	Residential Remodel
Accessory Building		Garage (attached)	Garage (not attached)
Carport		Agriculture	Commercial
Deck		Other (specify)	
Bldg. Dimensions _____ X _____	Main Floor _____ sq. ft.	Second Floor _____ sq. ft.	
Basement _____ sq. ft.	Garage _____ sq. ft.	Other _____ sq. ft.	
Construction Company name			
Contractor name			
Contractor email address		Phone #	
Contractor's Washington State License #		Expiration date	
UBI #		Expiration date	
Manufactured home company name		Model	
Size _____ X _____	Year Built	Serial #	
Total valuation of work to be performed <i>(required to calculate fees)</i>		Signature of Owner or Authorized Agent	Date
Building Permit Fee(s) \$	Plan Review \$	SBCC Fee \$	Total Fees \$

Town of Friday Harbor

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(360) 378-2810 / fax (360) 378-5339 / www.fridayharbor.org**Mechanical Permit Application**

Application date	Tax parcel number	Office Use Only		
		ME#	Date Permitted	
Legal Property Owner		Owner Telephone Number		
Owner Address		Email Address		
Mechanical Contractor's Company Name		WA State L & I License #	UBI #	
Job Location – Street / Road				
Property Owner's or Authorized Agent's Signature				
No.	TYPE OF EQUIPMENT	FEE EA.	FEE	Work / Use
	Forced Air System – Btu/h M ea. Up to 100,000 btu	18.50		Enter a "1" in the field left of "Original Permit" to include the base permit fee of \$29.40 in the total fee.
	LPG Wall Heaters	18.50		
	Oil Wall Heaters	18.50		
	Unit Heaters / Gas Fireplace / Ductless Head	13.30		
	Gas – Fired A.C. Units – Btu/h	13.30		
	Air-Conditioning Units	13.30		
	Refrigeration Units	13.30		
	Boilers –BTU's-needs back flow device (see Town Water Dept)	33.95		
	Air – Handling Unit – C.F.M. Up to and Incl. 10,000 C.F.M.	13.30		
	Air – Handling Unit – C.F.M. Over 10,000 C.F.M.	22.25		
	Evaporative Coolers / Mini-Split Outdoor Unit	13.30		
	Commercial Range Hood	13.30		
	Gas Systems (1-4 outlets only)	7.80		
	Each additional gas system outlet (over 4)	1.25		
	Ventilation fan to a single duct	9.10		
	Range (LPG only)	13.30		
	Clothes Dryer Vent	9.10		
	Solid Fuel Burning Appliances	50.00		
	Liquid Propane Tank Install	13.30		
	Hazardous Process Piping	13.30		
	Oil Tank Install	13.30		
	Oil Tank Process Piping	13.30		
	Residential Solar Array <26kWh	90.00		
	Residential Battery Backup	90.00		
	Original Permit	29.40		If adding to an existing/ original mechanical permit, enter a "1" in the field left of "Supplemental Permit".
	Supplemental Permit (if adding to an Original Permit)	9.10		
	TOTAL FEE			

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Plumbing Permit Application

Application date	Tax parcel number	Office Use Only		
		PL#	Date Permitted	
Legal Property Owner		Owner Telephone Number		
Owner Address		Email Address		
Plumbing Company Name		WA State L& I License #	UBI #	
Water Meter Size	Job Location – Street / Road			
Property Owner's or Authorized Agent's Signature				
No.	TYPE OF FIXTURE	FEE EA.	FEE	Work / Use
	Water Closet (Toilet)	8.75		
	Bathtub	8.75		
	Lavatory (Wash Basin)	8.75		
	Shower	8.75		
	Kitchen Sink & Disposal	8.75		
	Dishwasher	8.75		
	Laundry Tray	8.75		
	Clothes Washer	8.75		
	Urinal	8.75		
	Drinking Fountain	8.75		
	Floor – Sink or Drain	8.75		
	Water Structure Connection	18.75		
	Sewer Structure Connection	18.75		
	Water Heater-Thermal Expansion Tank Required	8.75		
	Waste Interceptor	8.75		
	Water Supply Piping / Pressure Test	8.75		
	Lawn Sprinkler System (\$7 ea per # of zones)	8.75		
	Vacuum Breakers (Hose Bibs)	6.25		
	Back Flow Device (see attached questionnaire & submit)	8.75		
				Enter a "1" in the field left of "Original Permit" to include the base permit fee of \$25.00 in the total fee.
	Original Permit	25.00		
	Supplemental Permit (if adding to an Original Permit)	12.50		If adding to an existing/ original plumbing permit, enter a "1" in the field left of "Supplemental Permit".
	TOTAL FEE			



Town of Friday Harbor
Water Department
P.O. Box 219 * 501 Marguerite St.
Friday Harbor, WA 98250
Phone (360) 378-8353

Water Service Connection Questionnaire

Name: _____

Mailing Address: _____ City: _____ Zip: _____

Phone #: _____ Fax #: _____

Water Service Address: _____

Parcel #: _____ Type of Service: Residential _____ Commercial _____

If commercial, type of Business: _____

Number of Stories: _____ Number of units/businesses on meter: _____

Please indicate all that apply for planned or current water use. This questionnaire must be completed before water utilities permit is issued.

Residential:	YES	NO	DON'T KNOW	OFFICIAL USE
Lawn irrigation system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Swimming pool or hot tub?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Photo Lab, chemical, medical or other lab facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Private well or auxiliary water supply?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Lawn or garden chemical sprayers attached to hose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Water softener or other treatment systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
In floor heating system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Boiler heating system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Fire sprinkler system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

Commercial:	YES	NO	DON'T KNOW	OFFICIAL USE
Lawn irrigation system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Carbonation equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Ice machine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Boiler?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Fire sprinkler system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
In floor heating system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Water softener or other treatment systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Photo lab, chemical, medical or other lab facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Swimming pool or hot tub?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Private well or auxiliary water supply?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Water-cooled equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Janitor's sink?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Floor Drain Trap Primer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Laundry/dry cleaning facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Medical facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Beverage bottling, food processing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Dental facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Veterinarian facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Baptismal pool?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____