



DEPARTMENT OF COMMUNITY DEVELOPMENT

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MINOR REMODEL APPLICATION

The purpose behind issuing permits over the counter is to reduce plan review time. All permits issued over the counter are subject to field inspection with the understanding that applicants are ultimately responsible for code compliant construction practices. General inquiries regarding specific code questions may be made at any time; however, the applicant assumes the responsibility to correct all code deficiencies regardless of conditions. If you prefer to waive over the counter processing, you may elect to request a plan review by DCD prior to issuing your permit.

Type of Project:

- Door Replacement, same for same
- Re-siding
- Interior Work*
- Window Replacement, same for same

***Interior work under this over the counter permit type is limited to:**

- Replacement of sheetrock and/or insulation
- Relocation non-load bearing walls
- Reconfiguration/addition of plumbing/mechanical fixtures
- Adding insulation and sheetrock for change of use from unfinished basement to finished basement**.

****If bedrooms are proposed to be added, a permit will not qualify for over the counter processing**

Section 1 – General Information

Description of Work: _____

Bid Price: \$ _____

Bid Price is the total value of labor + materials for the project.

Enter the square footage (sq. ft.) for area(s) to be remodeled:

	Square Foot Area
Main floor (sq.ft.)	
2 nd floor (sq.ft)	
Basement (sq.ft)	
Garage (sq.ft)	
Garage 2 nd fl – unfinished storage (sq.ft)	
Other:	

Section 2 – Property Information

Site Address: _____

Assessor Tax Parcel Number(s): _____

Present Use of Property: _____

Section 3 – Counter Complete Submittal Checklist

✓	Required Submittal Items
	1. Completed Minor Residential Remodel Application – 1 copy
	2. Floor plan – no larger than 11 x 17 – 1 copy (Not required for re-siding or re-roof permits)
	3. **If bedrooms are proposed to be added, building code review will be required and the permit will not be issued over the counter, AND Septic review is required and Potable Water documentation may be required, The documentation to submit to DCD will be one of the following: <input type="checkbox"/> Onsite Septic <input type="checkbox"/> Current Operations & Maintenance performed on septic system

Section 4 – Applicant/Property Owner Information

The authorized agent/representative is the primary contact for all project-related questions and correspondence. The County will email requests and information about the application to the authorized agent/representative and will 'copy' (Cc) the owner noted below. The authorized agent/representative is responsible for communicating information to all parties involved with the application. It is the responsibility of the authorized agent/representative and owner to ensure their mailbox accepts County email (i.e. County email is not blocked or sent to "junk mail"). There may be instances where regular USPS or courier mail is used.

Property Owner:
Name: _____
Address: _____
Phone #: _____ Cell Phone #: _____
Email Address: _____

Note: For projects with multiple owners, attach a separate sheet with each additional owner(s) information and signatures.

Applicant:
 Applicant (other than owner) Authorized Agent/Representative
Name: _____
Address: _____
Phone #: _____ Cell Phone #: _____
Email Address: _____

Contractor

Washington State allows homeowners to be their own general contractor. However, when choosing a contractor or subcontractor to perform work they are required to be registered with the Washington State Department of Labor and Industries. For more information about choosing and hiring a contractor visit <http://www.lni.wa.gov/tradeslicensing/>.

Check if this is the Authorized Agent/Representative for this project.

Name: _____ Title: _____

License Number: _____ Liability Certificate: _____

Address: _____

Work Phone #: _____ Cell Phone #: _____

Email Address: _____

By signing this application form, the owner/agent attests that the information provided herein, and in any attachments, is true and correct to the best of his or her knowledge. Any material falsehood or any omission of a material fact made by the owner/agent with respect to this application packet may result in making any issued permit null and void.

I further agree to that all activities I intend to undertake or complete associated with this permit will be performed in compliance with all applicable federal, state and county laws and regulations and I agree to provide access and right of entry to Jefferson County and its employees, representatives or agents for the sole purpose of application review and any required later inspections. Applicant may request notice of the County's intent to enter upon the property for visits related to this application and subsequent permit issuance.

Print Name (Owner)

Signature (Owner)

Date

OFFICE USE ONLY

Building Permit Fees

Choose One (if your permit includes work in both categories, choose the interior work fee):

Minor Remodel Permit fee: Interior work, basement remodel (\$510.00) DCD010

Minor Remodel Permit fee: Door, window, siding replacement (\$204.00) DCD010

Project Scanning Fee DCD022 \$25.50

State Fee DCD032 \$6.50

Subtotal

Technology Fee – 5% of Subtotal DCD003

Total Fees

Section 5 – Floor Plan

Please draw your floor plan here. Drawing must be fully dimensioned or to a recognized scale (i.e.: Floor plan, $\frac{1}{4}$ "=1 ft). Use of each room and all elements to be remodeled must be identified. If using other plans they must not be larger than 11 x 17.

Scale, Floor plan: _____" = _____ft.

