



City of  
**Pasco**

## Building Division

525 N 3<sup>rd</sup> Ave, Pasco, WA 99301

P: 509.543.5726

[www.pasco-wa.gov](http://www.pasco-wa.gov) | [permittech@pasco-wa.gov](mailto:permittech@pasco-wa.gov)

## Building Permits Pasco Municipal Code: Title 16

The Building Department is accepting submittals via email. Send your Complete Submittal to:  
[permittech@pasco-wa.gov](mailto:permittech@pasco-wa.gov)

When submitting this way, be sure to provide the projects site address as the email subject and attach your files to the email in PDF format.

If your files are greater than 30 MB, you can use our Online File Transfer System:  
<https://pascofileshare.com/filedrop/permittech@pasco-wa.gov>

### Submittal Checklist for:

#### **Addition to Home**

- ☐ Residential Permit Application
- ☐ Complete Site Plan/Plot Map (see example)
- ☐ Construction layout plan set. To include:
  - complete before and after floor plan
  - use of the proposed structure/addition to home
  - dimensions inside all affected area (typically the entire existing structure)
  - framing details
  - door & window locations and sizes
  - affected fixtures (i.e. sinks, toilets)
  - mechanical (heating/cooling/exhaust)
  - roof design (trusses w/ plans or rafter design w/plans)
- ☐ Construction elevation plan set. To include:
  - construction methods
  - elevation drawings of structure
  - footing dimensions
  - wall height
  - drywall
  - windows & doors
  - insulation
  - roof
  - roof slope
  - etc.

**Building Division**525 N 3<sup>rd</sup> Ave, Pasco, WA 99301

P: 509.543.5726

[www.pasco-wa.gov](http://www.pasco-wa.gov) | [permittech@pasco-wa.gov](mailto:permittech@pasco-wa.gov)**FOR STAFF USE ONLY****PERMIT #****Residential Construction Permit Application**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                         |                                                                 |                                             |                                  |                                           |                                           |                                     |                               |                                             |                                      |                                             |                               |                                  |                                                             |                                     |                                   |                                                                 |                                               |                                             |                                           |                                |                                                         |                                                  |                                                            |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------|----------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------|-------------------------------|---------------------------------------------|--------------------------------------|---------------------------------------------|-------------------------------|----------------------------------|-------------------------------------------------------------|-------------------------------------|-----------------------------------|-----------------------------------------------------------------|-----------------------------------------------|---------------------------------------------|-------------------------------------------|--------------------------------|---------------------------------------------------------|--------------------------------------------------|------------------------------------------------------------|--|--|
| <b>Site Address:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                         | <b>Project/Construction Valuation:</b><br>\$                    |                                             |                                  |                                           |                                           |                                     |                               |                                             |                                      |                                             |                               |                                  |                                                             |                                     |                                   |                                                                 |                                               |                                             |                                           |                                |                                                         |                                                  |                                                            |  |  |
| <b>Parcel No.:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Number of Units:</b>                                 | <b>Sq. Ft. of Area Being Modified:</b>                          |                                             |                                  |                                           |                                           |                                     |                               |                                             |                                      |                                             |                               |                                  |                                                             |                                     |                                   |                                                                 |                                               |                                             |                                           |                                |                                                         |                                                  |                                                            |  |  |
| <b>Applicant is (check one):</b> <input type="checkbox"/> <b>Owner</b> <input type="checkbox"/> <b>Contractor</b> <input type="checkbox"/> <b>Architect</b> <input type="checkbox"/> <b>Other:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                         |                                                                 |                                             |                                  |                                           |                                           |                                     |                               |                                             |                                      |                                             |                               |                                  |                                                             |                                     |                                   |                                                                 |                                               |                                             |                                           |                                |                                                         |                                                  |                                                            |  |  |
| <b>Legal Property Owner:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         | <b>Phone No.:</b>                                               |                                             |                                  |                                           |                                           |                                     |                               |                                             |                                      |                                             |                               |                                  |                                                             |                                     |                                   |                                                                 |                                               |                                             |                                           |                                |                                                         |                                                  |                                                            |  |  |
| <b>Mailing Address:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                         | <b>Email:</b>                                                   |                                             |                                  |                                           |                                           |                                     |                               |                                             |                                      |                                             |                               |                                  |                                                             |                                     |                                   |                                                                 |                                               |                                             |                                           |                                |                                                         |                                                  |                                                            |  |  |
| <b>Contractor:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                         | <b>Phone No.:</b>                                               |                                             |                                  |                                           |                                           |                                     |                               |                                             |                                      |                                             |                               |                                  |                                                             |                                     |                                   |                                                                 |                                               |                                             |                                           |                                |                                                         |                                                  |                                                            |  |  |
| <b>Address:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                         | <b>Email:</b>                                                   |                                             |                                  |                                           |                                           |                                     |                               |                                             |                                      |                                             |                               |                                  |                                                             |                                     |                                   |                                                                 |                                               |                                             |                                           |                                |                                                         |                                                  |                                                            |  |  |
| <b>State Contractors License #:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                         | <b>Pasco Business License #:</b>                                |                                             |                                  |                                           |                                           |                                     |                               |                                             |                                      |                                             |                               |                                  |                                                             |                                     |                                   |                                                                 |                                               |                                             |                                           |                                |                                                         |                                                  |                                                            |  |  |
| <b>Architect/Designer:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                         | <b>Phone No.:</b>                                               |                                             |                                  |                                           |                                           |                                     |                               |                                             |                                      |                                             |                               |                                  |                                                             |                                     |                                   |                                                                 |                                               |                                             |                                           |                                |                                                         |                                                  |                                                            |  |  |
| <b>Address:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                         | <b>Email:</b>                                                   |                                             |                                  |                                           |                                           |                                     |                               |                                             |                                      |                                             |                               |                                  |                                                             |                                     |                                   |                                                                 |                                               |                                             |                                           |                                |                                                         |                                                  |                                                            |  |  |
| <b>Description of Work</b> (select multiple items if applicable):<br><table border="0"><tr><td><input type="checkbox"/> Addition to Garage</td><td><input type="checkbox"/> Hot Tub</td><td><input type="checkbox"/> Sewer Connection</td></tr><tr><td><input type="checkbox"/> Addition to Home</td><td><input type="checkbox"/> Mechanical</td><td><input type="checkbox"/> Shed</td></tr><tr><td><input type="checkbox"/> Concrete/Flat Work</td><td><input type="checkbox"/> Patio Cover</td><td><input type="checkbox"/> Siding Replacement</td></tr><tr><td><input type="checkbox"/> Deck</td><td><input type="checkbox"/> Pergola</td><td><input type="checkbox"/> Stucco (Provide Stucco Type Below)</td></tr><tr><td><input type="checkbox"/> Demolition</td><td><input type="checkbox"/> Plumbing</td><td><input type="checkbox"/> Swimming Pool (depth greater than 24")</td></tr><tr><td><input type="checkbox"/> Detached Garage/Shop</td><td><input type="checkbox"/> Remodel/Renovation</td><td><input type="checkbox"/> Water Connection</td></tr><tr><td><input type="checkbox"/> Fence</td><td><input type="checkbox"/> Roof (Provide Roof Type Below)</td><td><input type="checkbox"/> Window/Door Replacement</td></tr><tr><td colspan="3"><input type="checkbox"/> Other (Use description box below)</td></tr></table> <b>If connected to septic system provide location of septic tank, drain field and secondary field. Information must be obtained from the Benton/Franklin Health Department.</b> |                                                         |                                                                 | <input type="checkbox"/> Addition to Garage | <input type="checkbox"/> Hot Tub | <input type="checkbox"/> Sewer Connection | <input type="checkbox"/> Addition to Home | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Shed | <input type="checkbox"/> Concrete/Flat Work | <input type="checkbox"/> Patio Cover | <input type="checkbox"/> Siding Replacement | <input type="checkbox"/> Deck | <input type="checkbox"/> Pergola | <input type="checkbox"/> Stucco (Provide Stucco Type Below) | <input type="checkbox"/> Demolition | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Swimming Pool (depth greater than 24") | <input type="checkbox"/> Detached Garage/Shop | <input type="checkbox"/> Remodel/Renovation | <input type="checkbox"/> Water Connection | <input type="checkbox"/> Fence | <input type="checkbox"/> Roof (Provide Roof Type Below) | <input type="checkbox"/> Window/Door Replacement | <input type="checkbox"/> Other (Use description box below) |  |  |
| <input type="checkbox"/> Addition to Garage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Hot Tub                        | <input type="checkbox"/> Sewer Connection                       |                                             |                                  |                                           |                                           |                                     |                               |                                             |                                      |                                             |                               |                                  |                                                             |                                     |                                   |                                                                 |                                               |                                             |                                           |                                |                                                         |                                                  |                                                            |  |  |
| <input type="checkbox"/> Addition to Home                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Mechanical                     | <input type="checkbox"/> Shed                                   |                                             |                                  |                                           |                                           |                                     |                               |                                             |                                      |                                             |                               |                                  |                                                             |                                     |                                   |                                                                 |                                               |                                             |                                           |                                |                                                         |                                                  |                                                            |  |  |
| <input type="checkbox"/> Concrete/Flat Work                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Patio Cover                    | <input type="checkbox"/> Siding Replacement                     |                                             |                                  |                                           |                                           |                                     |                               |                                             |                                      |                                             |                               |                                  |                                                             |                                     |                                   |                                                                 |                                               |                                             |                                           |                                |                                                         |                                                  |                                                            |  |  |
| <input type="checkbox"/> Deck                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Pergola                        | <input type="checkbox"/> Stucco (Provide Stucco Type Below)     |                                             |                                  |                                           |                                           |                                     |                               |                                             |                                      |                                             |                               |                                  |                                                             |                                     |                                   |                                                                 |                                               |                                             |                                           |                                |                                                         |                                                  |                                                            |  |  |
| <input type="checkbox"/> Demolition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Plumbing                       | <input type="checkbox"/> Swimming Pool (depth greater than 24") |                                             |                                  |                                           |                                           |                                     |                               |                                             |                                      |                                             |                               |                                  |                                                             |                                     |                                   |                                                                 |                                               |                                             |                                           |                                |                                                         |                                                  |                                                            |  |  |
| <input type="checkbox"/> Detached Garage/Shop                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Remodel/Renovation             | <input type="checkbox"/> Water Connection                       |                                             |                                  |                                           |                                           |                                     |                               |                                             |                                      |                                             |                               |                                  |                                                             |                                     |                                   |                                                                 |                                               |                                             |                                           |                                |                                                         |                                                  |                                                            |  |  |
| <input type="checkbox"/> Fence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Roof (Provide Roof Type Below) | <input type="checkbox"/> Window/Door Replacement                |                                             |                                  |                                           |                                           |                                     |                               |                                             |                                      |                                             |                               |                                  |                                                             |                                     |                                   |                                                                 |                                               |                                             |                                           |                                |                                                         |                                                  |                                                            |  |  |
| <input type="checkbox"/> Other (Use description box below)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                         |                                                                 |                                             |                                  |                                           |                                           |                                     |                               |                                             |                                      |                                             |                               |                                  |                                                             |                                     |                                   |                                                                 |                                               |                                             |                                           |                                |                                                         |                                                  |                                                            |  |  |
| <b>Provide a detailed description of the scope of work:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                         |                                                                 |                                             |                                  |                                           |                                           |                                     |                               |                                             |                                      |                                             |                               |                                  |                                                             |                                     |                                   |                                                                 |                                               |                                             |                                           |                                |                                                         |                                                  |                                                            |  |  |

I certify the information furnished by me is true and correct and that I am the owner of the subject property or I have been given express permission by the owner of the subject property, to submit this application for permit. I will comply with all provisions of law, code and ordinances governing this type of construction work, including state contractor registration laws. I understand that, once accepted, this permit application is valid for 30 days. If the permit is not obtained within 30 days, the permit application and all submitted building and site plans will be discarded.

Applicant Name (Please Print) \_\_\_\_\_

Applicant Name Signature \_\_\_\_\_ Date \_\_\_\_\_



### **SITE PLAN CHECKLIST – RESIDENTIAL DEVELOPMENT**

Site Plans are required for City of Pasco Permit Applications for additions or accessory structures such as: sheds, decks, patio covers, concrete areas, etc...

**At minimum,** all of these items must be shown to be accepted for review and approval. Please note that further detail may be required as part of the review process.

- ☐ Property lines;
- ☐ Location and dimensions (including height) of all proposed improvements;
- ☐ Proposed setbacks (a setback is the distance from a structure to a property line);
- ☐ Street address and names of adjoining streets;
- ☐ Location of all existing structures; structures must be labeled
- ☐ Location of sidewalks;
- ☐ Location of utilities on the site and in the adjoining right-of-way. Utilities include water meter boxes, irrigation valves and fire hydrants.

### **PARCEL INFORMATION INTERNET LINKS**

The following links can be used for obtaining parcel information to develop accurate site plans:

- <http://franklinwa.mapsifter.com/default.aspx?parcel=> (add your parcel number without hyphens/dashes here)
- <http://gis.co.franklin.wa.us/online/>  
(click on your parcel to be directed to taxsifter information)

SEE EXAMPLE BELOW

SITE PLAN EXAMPLE ONLY

(dimensions and setbacks called out on this example are only an example)

