

CITY OF WASHINGTON

Building Division
Phone # 309-444-1122
Fax # 309-444-9779

Building Permit Addition/Accessory Application - Residential

Site Address:		Application Date:	
Subdivision Name:		Lot Number:	
Type of Construction: <input type="checkbox"/> Addition <input type="checkbox"/> Accessory		Anticipated Start:	
Estimated Cost of Construction:		Anticipated Completion:	
		Items Submitted: <input type="checkbox"/> Site Plan <input type="checkbox"/> Construction Plans	

Name
Owner
Contractor
Electrician <small>must be licensed</small>
Plumber <small>must be licensed</small>

	Addition (gross sqft)	Basement		Garage / Carport (gross sqft)	Porch (gross sqft)	Deck (gross sqft)	Shed (gross sqft)	Pool (gross sqft)	Building Height (from grade)	Height of Principal Structure
		Yes	No							
1 st Floor-										
2 nd Floor-										

COMPLETE THIS SECTION FOR ADDITIONS ONLY	
Foundation:	<input type="checkbox"/> Basement <input type="checkbox"/> Crawl Space <input type="checkbox"/> Slab <input type="checkbox"/> Block <input type="checkbox"/> Concrete
Construction Type:	<input type="checkbox"/> Standard <input type="checkbox"/> Cathedral Ceiling <input type="checkbox"/> Stairs <input type="checkbox"/> Cantilever <input type="checkbox"/> Dormer <input type="checkbox"/> Other _____
Window Brand Name:	
Rise & Run of Stairs:	____ Rise ____ Run (Code 7 ³ / ₄ " max. rise & 10" min. run)
Type of Roof:	<input type="checkbox"/> Conventional <input type="checkbox"/> Truss
Type of Floor Joist:	<input type="checkbox"/> 2x10 <input type="checkbox"/> 2x12 <input type="checkbox"/> Engineered Type
Identification of Rooms:	<input type="checkbox"/> Bedroom <input type="checkbox"/> Bathroom <input type="checkbox"/> Family Room <input type="checkbox"/> Kitchen <input type="checkbox"/> Sunroom <input type="checkbox"/> Other _____

FOR OFFICE USE ONLY

Off Street Parking		# Bedrooms	# Bathroom		Lot Area (square feet)	Existing Lot Coverage (square feet)	Proposed Lot Coverage (square feet)	Prop % Lot Coverage	Prop. % FAR	Flood Plain	
Indoor	Outdoor		Full	½ Bath						Yes	No
Size of Lot: _____ ft. x _____ ft. x _____ ft. x _____ or Acreage _____											
Property Identification Number (PIN): _____											
Front Yard		Rear Yard		Side Yard		Side Yard		Distance Between Structure			
Required	Proposed	Required	Proposed	Required	Proposed	Required	Proposed	Required	Proposed		
ft.	ft.	ft.	ft.	ft.	ft.	ft.	ft.	10 ft.	ft.		

Meets Zoning Code Requirements: ☐ Yes ☐ No Date: _____ By: _____