



**DOUGLAS COUNTY  
TRANSPORTATION & LAND SERVICES**

140 19TH STREET NW, SUITE A • EAST WENATCHEE, WA 98802  
PHONE: 509/884-7173 • FAX: 509/886-3954

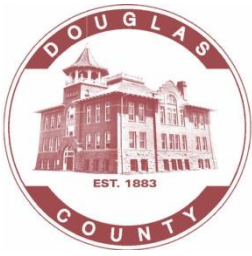
# Commercial Building Permit Pre-Submittal Consultation Checklist

**Purpose: To prepare to submit application packet and learn what is required for Application Submittal Meeting (items/quality), communication with utilities/agencies.**

**The following information must be submitted in order for the Pre-Submittal Consultation will be scheduled**

### Items Needed

<input type="checkbox"/>	Pre-Submittal Consultation request form complete & accurate information
<input type="checkbox"/>	Basic Floor Plan – including occupancy & building construction type
<input type="checkbox"/>	<b>30% site plan includes</b> <ul style="list-style-type: none"><li>- Building footprint</li><li>- Parking &amp; circulation identified - # of stalls</li><li>- Areas for landscaping</li><li>- Preliminary utility plan</li><li>- Preliminary engineering</li><li>- Preliminary stormwater design</li></ul>
<input type="checkbox"/>	Preliminary stormwater report
<input type="checkbox"/>	Preliminary engineering



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www.douglascountywa.net

### COMMERCIAL BUILDING PERMIT

### PRE-SUBMITTAL CONSULTATION (30% reviewable materials)

### REQUEST

Application

Received: \_\_\_\_\_ By \_\_\_\_\_

Date of Orientation Mtg \_\_\_\_\_

**Purpose:** To provide a preliminary evaluation of the project at the 30% stage, facilitate communication with utilities/agencies, and learn what is required for Application Submittal Meeting (items/quality).

**Attendees suggested:** Applicant(s) Agent, Engineer, Architect, Design team

**Meetings Conducted:** Conference Room 140 19TH ST N.W. Suite A East Wenatchee, WA. 98802

Submit this form and all pertinent information to the Permit Center  
no later than 12:00 Noon on Tuesday for scheduling an appointment for Wednesday of the following week.

**Applicant/Contact Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Property Owner:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Site Address/Location:** \_\_\_\_\_

**Zoning District:** \_\_\_\_\_

**Parcel Number(s):** \_\_\_\_\_

**Current Parcels size(s):** \_\_\_\_\_

**Proposed Use:** \_\_\_\_\_

**Building Square Footage:** \_\_\_\_\_

**If multi-family-number and configuration of units:** \_\_\_\_\_

**NOTE: PLEASE REFER TO THE CHECKLIST YOU RECEIVED AT THE ORIENTATION MEETING FOR THE LIST OF MATERIALS YOU MUST SUBMIT WITH THIS APPLICATION.**

**Proposed Water Source:** \_\_\_\_\_

**Current Water Source** \_\_\_\_\_

**Proposed Waste Water:** Septic  Sewer: