



HAZARDOUS MATERIALS CONSTRUCTION PERMIT

806 WEST MAIN STREET • MONROE, WA 98272
City Hall 360.794.7400 • Fax 360.794.4007



SUBMITTAL REQUIREMENTS PER IFC 105.7.10

THE PURPOSE OF THIS CHECKLIST IS TO DETERMINE COMPLETENESS OF A SUBMITTAL.
THE CHECKLIST DOES NOT VERIFY THE ACCURACY OF MATERIALS RECEIVED.

INDICATE THE SCOPE OF WORK:

Installation Repair Abandon Remove Close Temporarily close Modify

MATERIAL PROPERTIES

- | | |
|---------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Combustible | <input type="checkbox"/> Organic Peroxide |
| <input type="checkbox"/> Corrosive | <input type="checkbox"/> Pyrophoric |
| <input type="checkbox"/> Explosive | <input type="checkbox"/> Toxic |
| <input type="checkbox"/> Flammable | <input type="checkbox"/> Unstable (reactive) |
| <input type="checkbox"/> Highly Toxic | <input type="checkbox"/> Water-reactive |
| <input type="checkbox"/> Oxidizing | |

MATERIAL STATE:

Solid Liquid Gas

CLASS:

Class I Class II Class III Class IV Class V

VOLUME IN USE:

_____ Gallons Pounds

VOLUME IN STORAGE:

_____ Gallons Pounds

INSTRUCTIONS FOR APPLICATION SUBMITTAL:

Below is a checklist of items that must be submitted as part of your application for a Hazardous Materials Construction Permit. Numbers in parenthesis equal the number of copies required.

If you have any questions about what is required, or if you would like to schedule an intake appointment, please call the Permit Division at (360) 863-4527.



HAZARDOUS MATERIALS CONSTRUCTION PERMIT

806 WEST MAIN STREET • MONROE, WA 98272
City Hall 360.794.7400 • Fax 360.794.4007



GENERAL PROJECT SUBMITTAL CHECKLIST

- (1) Original plus (1) copy of the Combined Permit Application form
- (2) Copies of the floor / site plan
- (2) Copies of equipment, valve or piping cut sheets
- (2) Copies of MSDS (Material Safety Data Sheets)

FLOOR OR SITE PLAN REQUIREMENTS

- Tank or storage location and its volume
- Distance to buildings, buildings openings, property lines, public ways
- Location of bollards
- Method of secondary containment
- Location of any equipment and piping
- Location and type of required signage and NFPA 704 (Hazard Identification) placards
- Text, size, and location of NO SMOKING and other required signage
- Location and size of portable fire extinguishers and fire protection
- Indicate density of Fire Sprinkler System: _____ gpm/sf Design area _____ sf



HAZARDOUS MATERIALS CONSTRUCTION PERMIT

806 WEST MAIN STREET • MONROE, WA 98272
City Hall 360.794.7400 • Fax 360.794.4007



ADOPTED STATE CODES - EFFECTIVE JULY 1ST, 2016

The City of Monroe enforces the following Washington State Building Codes and amendments; the Washington Administrative Code (WAC) Title 51 and as amended by the Monroe Municipal Code Title 15:

- 2015 International Building Code (IBC)
- 2015 International Existing Building Code (IEBC)
- 2015 International Residential Code (IRC)
- 2015 International Fire Code (IFC)
- 2015 International Mechanical Code (IMC)
- 2015 International Fuel Gas Code (IFGC)
- 2015 Uniform Plumbing Code (UPC)
- 2015 ICC Energy Conservation Code with State amendments

STRUCTURAL DESIGN CRITERIA

Seismic Design Category: IRC D1/D2 / IBC - D

Basic Wind Speed: 85 mph

Exposure Category: B

Frost Depth: 18"

Snow load: 25 lbs./sq. ft.

*A soils investigation is required for commercial projects, residential short plats and subdivisions and some instances residential lots.

The city may require additional information not specified in the submittal requirements in order to assure compliance with the Monroe Municipal Code.



**Community Development
Permitting Division**

806 West Main Street, Monroe, WA 98272
Phone (360) 794-7400 Fax (360) 794-4007
www.monroewa.gov

FOR OFFICE USE ONLY
APPLICATION # _____
PERMIT # _____

COMBINED PERMIT APPLICATION

PERMIT SUBMITTAL HOURS MONDAY – FRIDAY 8:00 – 12:00 / 1:00 – 5:00

- | <u>Building</u> | <u>Operations</u> | <u>Fire</u> | <u>Land Use</u> |
|-----------------------------------------------------------------------|----------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Commercial T/I | <input type="checkbox"/> Engineering Review | <input type="checkbox"/> Fire Construction | <input type="checkbox"/> Accessory Dwelling Unit |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Fencing | <input type="checkbox"/> Type: _____ | <input type="checkbox"/> Boundary Line Adjustment /Lot Consolidation |
| <input type="checkbox"/> Garage/Carport | <input type="checkbox"/> Grading | <input type="checkbox"/> Fire Operational | <input type="checkbox"/> Conditional/Special Use |
| <input type="checkbox"/> Mechanical | <input type="checkbox"/> Retaining wall | <input type="checkbox"/> Type: _____ | <input type="checkbox"/> Land Clearing/Forest Practices |
| <input type="checkbox"/> New Construction
(Commercial/Residential) | <input type="checkbox"/> Rockery | <input type="checkbox"/> Type: _____ | <input type="checkbox"/> Planned Residential Development |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Right-of-Way Disturbance | <input type="checkbox"/> Type: _____ | <input type="checkbox"/> Shoreline Permit |
| <input type="checkbox"/> Racking | <input type="checkbox"/> Special Flood Hazard Area | <input type="checkbox"/> Type: _____ | <input type="checkbox"/> Short Plat |
| <input type="checkbox"/> Residential Remodel | <input type="checkbox"/> Utility Service | <input type="checkbox"/> Type: _____ | <input type="checkbox"/> Subdivision/Plat |
| <input type="checkbox"/> Sign | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Type: _____ | <input type="checkbox"/> Variance |
| <input type="checkbox"/> Other _____ | | | <input type="checkbox"/> Other _____ |

NOTE: All required Electrical Permits will be issued by the Dept. of Labor & Industries.

THIS APPLICATION WILL NOT BE ACCEPTED WITHOUT COMPLETED SUBMITTAL REQUIREMENTS

Site Address or Property Location: _____

Size of site (acre/square feet): _____

Assessor's Tax Parcel Number (14 digits): _____

Applicant: _____ Phone # (____) _____

*Signature: _____ Printed Name: _____

Mailing Address: _____ Fax # (____) _____

City _____ State _____ Zip _____ E-mail _____

Property Owner: _____ Phone # (____) _____

**Signature: _____ Printed Name: _____

Mailing Address: _____ Fax # (____) _____

City _____ State _____ Zip _____ E-mail _____

Attach a separate sheet for additional property owners/additional addresses

Applicant:** By your signature above, you hereby certify that the information submitted is true and correct and that you are authorized by the property owner(s) to act on their behalf. *Property Owner(s):** By your signature above, you hereby certify that you have authorized the above Applicant to make application on your behalf for this application.

COMBINED PERMIT APPLICATION - PAGE 2

Contractor: _____ Phone # _____

Contractor's License # _____ Fax # _____

Exp Date _____ Mailing Address _____

Contractor's Bond Company: _____

Contractor's Bid Amount or Project Cost (labor and materials): \$ _____

DETAILED DESCRIPTION OF PROPOSAL/WORK:

FOR OFFICE USE ONLY

Plan Check Fee (if applicable): \$ _____

Permit Fee: \$ _____

Technology Fee: \$ _____