

# Residential Additions, Remodels, Accessory Structures



Submit to: [eplans@cityofvancouver.us](mailto:eplans@cityofvancouver.us) Questions? 360-487-7833 | [ePlans](#)

TYPE OF WORK				
<input type="checkbox"/> Addition/Remodel	<input type="checkbox"/> Addition	<input type="checkbox"/> House Move	<input type="checkbox"/> Inspection Only	<input type="checkbox"/> New Building
<input type="checkbox"/> Master Plan	<input type="checkbox"/> Remodel	<input type="checkbox"/> Re-Roof	<input type="checkbox"/> Solar	
CATEGORY OF CONSTRUCTION				
<input type="checkbox"/> Adult Family Home	<input type="checkbox"/> Carport	<input type="checkbox"/> Covered Patio	<input type="checkbox"/> Deck	<input type="checkbox"/> Duplex
<input type="checkbox"/> Fence > 6'	<input type="checkbox"/> Garage	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Modular	<input type="checkbox"/> Pool
<input type="checkbox"/> Retaining Wall	<input type="checkbox"/> Single Family	<input type="checkbox"/> Shed (over 120 sf)	<input type="checkbox"/> Shop	<input type="checkbox"/> Garage to Living
<input type="checkbox"/> Accessory Dwelling Unit (ADU) <a href="#">Supplemental Form (Required with Application)</a>				
JOB SITE LOCATION				
Project site address:			Parcel #(s):	
DESCRIPTION OF WORK				
NEW SQUARE FOOTAGE				
Dwelling SF:	Garage SF:	Shed SF:	Shop SF:	
Entry/Porch SF:	Covered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Patio/Deck SF:	Covered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hard Surface Area SF (New & Replaced):		<a href="#">Stormwater Applicability Form Required</a>	Area of Land Disturbance SF:	
SCOPE OF WORK				
Remodel-Cost of alteration (materials and labor):		Work Performed By? <input type="checkbox"/> Contractor <input type="checkbox"/> Owner		
Fire system proposed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Infill Ordinance Used? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Dwelling/Structure is: <input type="checkbox"/> Attached <input type="checkbox"/> Detached		Type of Heat: <input type="checkbox"/> Gas <input type="checkbox"/> Electric		
Landscape Irrigation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Sewer: <input type="checkbox"/> Septic <input type="checkbox"/> Public		
Work includes: <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical		Water: <input type="checkbox"/> Well <input type="checkbox"/> Public		
CONTRACTOR		PLUMBING CONTRACTOR License Required RCW 18.106.440		
Business Name:		Business Name:		
Address:		Address:		
City/State/Zip:		City/State/Zip:		
Email:		Email:		
Phone:		Phone:		
WA State License #		WA Plumbing License #		
OWNER		ELECTRONIC PLANS SUBMITTER (Required)		
Name:		Responsible for ePlans uploading and correspondence		
Address:		Name:		
City/State/Zip:		Address:		
Email:		City/State/Zip:		
Phone:		Email (Required):		
ONLINE PAYMENT		Phone:		
Existing ePermits Username:				
REQUIRED SIGNATURES				
<p><i>A complete application form, submittal documents and required information as set forth in VMC 17.08.100 must be submitted to obtain a permit. If it is determined that the application is not complete and/or the application fees have not been paid, the City may reject the application and plan review will not begin. It is the responsibility of the applicant/owner to comply with all private conditions, covenants and restrictions (CC&amp;R's) associated with this property. As evidenced by my signature below, I/we agree that City of Vancouver staff has my/our full permission to enter upon the subject property at any reasonable time to consider the merits of the application, to take photographs and to post public notices.</i></p>				
Applicant Signature:			Date:	
Property Owner Signature:			Date:	