



[www.redmond.gov/BuildingPermits](http://www.redmond.gov/BuildingPermits)

## Tenant Improvement and Exterior Alterations Submittal Requirements Multi-Family, Commercial Buildings, Mixed Use Buildings, Change of Occupancy



To scheduled an appointment and to ensure that you have the most current information, contact the Development Services Center at 425 556 2473 or [permittech@redmond.gov](mailto:permittech@redmond.gov) or [book online](#).

### This packet...

Is intended to include projects that are for interior projects large or small and for exterior alterations. Please submit the information on pages 2 and 3 that are required. All information applicable to your project is required to be submitted at the time of your intake appointment. Any missing information will result in the application not being accepted.

**All plans are REQUIRED to come in on a USB/flash drive/jump drive or CD in PDF format. Any other submittal will be rejected. Paper plans are no longer accepted.**

#### NATIONAL CODES

2015 International Building Code (IBC)  
2015 International Residential Code (IRC)  
2015 International Mechanical Code (IMC)  
2015 International Fuel Gas Code (IFGC)  
2015 International Fire Code (IFC)  
2015 Uniform Plumbing Code (UPC)  
2014 National Electric Code (NEC)  
2015 IECC with WA St. Amendments  
2009 ICC A117.1

#### LOCAL AMENDMENTS AND REGULATIONS

Redmond Municipal Code Title 15  
Redmond Zoning Code  
Redmond Fire Department Standards  
Redmond Public Works Standard Details

#### CITY OF REDMOND DESIGN REQUIREMENTS

Design Wind Speed	110 mph - PER IBC Figure 1609 A
Ground Snow Load	15 psf (snow drift per ASCE 7 -10)
Rain on Snow Surcharge	5 psf added to flat roofs if slope is <W in ft/50 (ASCE 7-10:7.10)
Seismic Design Category	D
Rainfall	1"/hr (UPC Table D101.1)
Frost Line Depth	12"
Soil Bearing Capacity	1500 psf unless a Geotechnical report is provided (IBC Table 1806.2)

#### FEES

The following non-refundable fees will be collected at time of permit intake:

- Building, Fire, Planning & Public Works Plan Check Fees
- 3% Technology Surcharge Fee based on total permit cost

The TI permit does not include any mechanical, electrical, plumbing, or fire sprinkler/ alarm work, but should be included in the value of construction.

**ELECTRONIC PLAN STANDARDS** Paper plans, incomplete applications, and applications delivered by courier will not be accepted and will result in the application being deemed incomplete.

- ✓ All files must be on a USB or CD.
- ✓ All plans must be drawn **to scale**, and have scale noted on each sheet.
- ✓ All documents must be uploaded as a **PDF**.
- ✓ All plans must be uploaded in "**Landscape**" format in the horizontal position.
- ✓ **Flatten and merge** separate sheets into one file according to the **BOLD** items on the submittal checklist

**Any files that are not named properly and/or uploaded incorrectly may be rejected at intake.**

## II. SUBMITTAL CHECKLIST

### APPLICATION

### PLANS AND DRAWINGS

- ⇒ All sheets are to be the same size and sequentially labeled. Flatten and unlock plans prior to building permit submittal.
- ⇒ Plans are required to be clearly legible, with scaled dimensions
- ⇒ Plans will not be accepted that are marked **preliminary or not for construction**, have red lines, cut and paste details or those that have been altered after the design professional has signed the plans.

### ARCHITECTURAL PLANS

#### Cover Sheet - Building Information

- Location, vicinity map, zoning, address, & model code information.
- Construction type.
- Number of stories and total height in feet. Building square footage (per floor and total).
- IBC Occupancy Type (show all types by floor and total) and occupancy load. List work to be performed under this permit.
- Provide occupancies classifications for neighboring tenant spaces.

#### Design Team Information

- Design Professional information: Architects, Structural Engineers, Civil Engineers, Landscape Architects, Owners, Developers

Site Plan – May be included as part of the Architectural Drawing Cover Sheet. Provide information for accessible parking, number of parking spaces and route of travel.

- Clearly show all actual and assumed property lines, building outline and exterior improvements.
- Show building set backs, property lines, easements, street access locations and address. Indicate north direction.
- Flood hazard areas, floodways, and design flood elevations as applicable.
- Fire protection features: Fire lanes, Fire Dept. Connections, Post Indicator valves, Sprinkler Riser Rooms.
- Provide accessible information on site, accessible path, and accessible parking stalls.

Code Summary Floor Plan – See Building Code summary worksheet for additional required information.

Clearly label the following:

- Space/room use (i.e. office, sales, conference, kitchen, manufacturing, etc.)
- IBC Occupancy classifications, Square footage, Occupant load square footage factor used to determine occupant load.
- Clearly show a complete Means of Egress Path, including the width, exits, exit passageways, exit enclosures, separation of exits, exit signs, exit width, common path of travel, travel distance and diagonal distance.
- Note type of sprinklers used.
- Graphically show the extent and rating of all rated assemblies both vertical and horizontal, include the rating of any required opening protection.
- Indicate any doors that are provided with panic hardware and/or magnetic hold-opens. Indicate doors that have locking system requiring use of key or special knowledge.
- Provide non-separated use calculations and/or mixed use ratio calculations.
- Location of emergency power.
- Accessibility information - accessible path of travel into the space or building, compliance with IEBC 410 WA ST Amendments, and Table 1106.1.

## II. SUBMITTAL CHECKLIST (CON'T)

### Reflected Ceiling Plan

- Provide ceiling construction details.
- Provide suspended ceiling details including seismic bracing per IBC 808.1.1.1 and ASTM C 635-636 and expansion joint layout.
- Show the location of all emergency lighting, exit signage and provide a lighting fixture schedule.

### Floor Plan Sheet - Show scale

- Specify the use of each room/area, including shafts, electrical/mechanical rooms and elevators.
- Show **ALL** exits on the plans; include new, existing or eliminated.
- Show all Barrier-Free information on the drawings. Provide door and door hardware schedules.
- Specify each wall type, door type, and glazing requirements. Provide details and assembly numbers for fire resistive assemblies.
- Indicate on the plans all rated walls, doors, windows and penetrations.

### Framing Plans/Details

- Specify the size, spacing, height, anchorage, rated listings, wood species or metal gauge for all stud walls. Indicate all wall, beam, floor connections and ceiling.
- Detail the seismic bracing for all walls.
- Include a stair section showing rise, run, landings, headroom, handrail and guardrail dimensions. Show size, anchorage and spacing for stringers.

### **STORAGE RACKS (if applicable)**

- Attachment details are required for seismic bracing of storage racks five feet nine inches (5'9") or greater in height.
- Under 5'9", show a positive connection to floor or walls.
- Statement of Special Inspections Form required only if rack storage is over 8'.

**NOTE:** High pile storage shall meet the requirements of current International Building and Fire Codes

### **KING COUNTY HEALTH APPROVAL (if applicable)**

Please note that any tenant improvement work in a space that involves food handling, preparation or a public swimming pool requires King County Health Department approval **before the permit can be issued**. You must provide the Building Plans Examiner a copy of the approval letter or the approved plans. **Contact the King County Health Department at 206-477-8144 with any questions or for more information.**

### **ENERGY CODE COMPLIANCE**

Lighting, Mechanical, and Building envelope forms can be found at <http://www.neec.net/energy-codes>. Applicable forms are required to be submitted with the building permit. No deferred submittals are allowed.

### **PLANNING INFORMATION (contact the planner of the day at [planneroncall@redmond.gov](mailto:planneroncall@redmond.gov) or 425-556-2494)**

- Elevations if any exterior work is being done
- Screening - if applicable

### **STRUCTURAL PLANS (if applicable) -**

Drawings prepared or reviewed by an engineer must be signed and sealed by a Washington State Engineer

### **STRUCTURAL BACK UP INFORMATION (if applicable)**

- Structural Calculations - need to be signed and sealed by a licensed WA ST Engineer.
- Statement of Special Inspections—Contractor/special inspection agency may be omitted at time of Permit submittal.

**Please note that these are the requirements for interior TI's and exterior alterations, For new buildings or large tenant improvements please see the submittal packet for NEW building project.**

**FIRE DEPT: ANSWER THE QUESTIONS BELOW WITH A YES OR NO. A SEPARATE FIRE INSTALLATION PERMIT MAY BE REQUIRED FOR ITEMS THAT ARE CHECKED YES. PLEASE CONTACT RFD AT 425.406.0865 FOR ADDITIONAL INFO**

	YES	NO
Flammable/Combustible Liquids	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous Materials	<input type="checkbox"/>	<input type="checkbox"/>
High Piled Storage	<input type="checkbox"/>	<input type="checkbox"/>
HPM Facilities	<input type="checkbox"/>	<input type="checkbox"/>
LP Gas Store/Handle/Use/Dispense	<input type="checkbox"/>	<input type="checkbox"/>
Places of Assembly	<input type="checkbox"/>	<input type="checkbox"/>
Refrigeration Equipment for Heating and Cooling	<input type="checkbox"/>	<input type="checkbox"/>
Spraying & Dipping	<input type="checkbox"/>	<input type="checkbox"/>
Battery Systems	<input type="checkbox"/>	<input type="checkbox"/>
Compressed Gases	<input type="checkbox"/>	<input type="checkbox"/>
Cryogenics	<input type="checkbox"/>	<input type="checkbox"/>
Industrial Ovens	<input type="checkbox"/>	<input type="checkbox"/>
Private Fire Hydrants	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Control Systems/Stair Pressurization *	<input type="checkbox"/>	<input type="checkbox"/>

\*Fire Installation permit application required at time of Building permit application

If yes—Item and description

**PLANNING DEPARTMENT INFORMATION; ANSWER THE QUESTIONS BELOW WITH A YES OR NO. PLEASE CONTACT 425.556.2494 FOR ADDITIONAL INFORMATION OR QUESTIONS**

	YES	NO
Exterior Modifications to Building?	<input type="checkbox"/>	<input type="checkbox"/>
Change of Land Use? (RZG) i.e. warehouse to gym*	<input type="checkbox"/>	<input type="checkbox"/>
Sensitive areas on or near site?	<input type="checkbox"/>	<input type="checkbox"/>
Is permit a PRD/MPRD/PCD/MPCD?	<input type="checkbox"/>	<input type="checkbox"/>
Building generates noise above 35dBA	<input type="checkbox"/>	<input type="checkbox"/>
Tree removal proposed?	<input type="checkbox"/>	<input type="checkbox"/>
Additional building square footage proposed?	<input type="checkbox"/>	<input type="checkbox"/>
Change in number of existing parking stalls?	<input type="checkbox"/>	<input type="checkbox"/>
Reducing landscaping square footage proposed?	<input type="checkbox"/>	<input type="checkbox"/>
Reroofing?	<input type="checkbox"/>	<input type="checkbox"/>

If yes - Item and description

\*When change of land use intensifies, a Traffic Trip Generation Study may be required. Contact Min Luo 425-556-2881



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# Construction Parking Form



Applicable to permits requiring 10 or more construction workers.

## PROJECT INFORMATION

BUILDING PERMIT NUMBER: \_\_\_\_\_  
 SITE ADDRESS: \_\_\_\_\_  
 PLANS EXAMINER: \_\_\_\_\_  
 PLANNER: \_\_\_\_\_

### Office Use Only

Approved by: \_\_\_\_\_  
 Date: \_\_\_\_\_

Must be approved prior to Building Permit issuance

## TYPE OF WORK

## APPLICANT/OWNER INFORMATION

- New Commercial/Multi-Family/Mixed-Use Addition
  - Commercial/Multi-Family/Mixed-Use Alteration
  - Commercial/Multi-Family/Mixed-Use Rack Storage
  - Re-roofing
  - Tenant Improvement
  - Other \_\_\_\_\_
- PROVIDE: Site Plan(s) showing parking plan

Applicant \_\_\_\_\_

Property Owner \_\_\_\_\_

Property Owner \_\_\_\_\_

### PRIMARY CONTACT PERSON:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

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

Construction Stage	# of Employees on Site	Temporary Construction Parking: Location/ # of Stalls
Excavation (Date: _____)		
Foundation (Date: _____)		
Framing: (Date: _____)		
Finish: (Date: _____)		

The temporary removal of any on-street parking within the boundaries of Redmond's Downtown on-street parking area due to construction will require the purchase of monthly on-street permits for the duration of the project. The number of monthly permits purchased shall be equal to the number of on-street parking spaces displaced throughout the project. One monthly permit per space removed is required to be purchased. Permits can be purchased by calling Diamond Parking at 425-556-2433 option 1. The Downtown on-street parking map is available at [Redmond.gov/parking](http://Redmond.gov/parking).

- NOTE:
- **Employees/sub-contractors are required to park in the area approved for construction parking for this project**
  - Employees/sub-contractors are **not allowed to park** on the street or at transit center. (King County manages Park & Ride, and violators will be towed at vehicle owners expense)
  - Site Superintendent contact information to be provided to Kim Keeling [khkeeling@redmond.gov](mailto:khkeeling@redmond.gov) 425-556-2451 at beginning of project
  - Resources are available at **Go Redmond** [www.GoRedmond.com](http://www.GoRedmond.com) for vanpooling, carpooling, transit and free one month transit passes

## II. SUBMITTAL CHECKLIST

The applicant shall check each of the following items below to confirm that they are included in the application submittal:

### A. General Application & Submittal Checklist

#### B. Plans

- Location, vicinity map, zoning, address, building square footage, type of construction, type of sprinklers.
- Specify the use of each room/area, including shafts, electrical/mechanical rooms and elevators
- Complete means of egress, common path of travel, travel distance and diagonal distance.
- Provide door and door hardware schedules (where applicable)
- Specify rated walls, doors, windows and penetrations (where applicable)
- Specify required rack anchorage
- Specify required plaque showing maximum rack load
- Show layout of racks including dimensions and rack type

### C. Structural Calculations

must be stamped and signed by a Washington State Design Professional. Required for seismic bracing of storage racks five feet nine inches (5'9") or greater in height.

- Structural drawings to include design load values, minimum design concrete strength, reinforcing bar grade, blocking, and bolts.

### D. Statement of Special Inspections Form

An IFC Fire Installation Permit is required to use a building or space for the following:

- Storage of combustible materials in closely packed piles.
- Combustible materials on pallets, in racks, or on shelves where the top of the storage is greater than 12 feet in height.
- High hazard commodities such as rubber tires, Group A plastics, flammable liquids, idle pallets, and similar commodities, where the top of the storage is greater than six feet. Please contact 425.556.2246 for additional information regarding Fire Installation Permits.

## III. RACK STORAGE INFORMATION

\* **Description of storage:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\* **Commodity classification:** \_\_\_\_\_

\* **Method of storage:** (check all that apply)

- Solid Piles    Plastic Pallets    Racks with solid shelves  
 Racks    Bin Box Wood Pallets    Encapsulated  
 Other \_\_\_\_\_

\* **Pile Storage:**

Storage Heights: \_\_\_\_\_ Pile Dimensions: \_\_\_\_\_ Aisles: \_\_\_\_\_

\* **Rack Storage:**

Height: \_\_\_\_\_ Depth: \_\_\_\_\_ Width: \_\_\_\_\_ Aisles: \_\_\_\_\_

- Single-row racks    Double-row racks    Multiple-row racks

\* **Building Components:**

Emergency vehicle access provided to within 150' of all portions of the first floor of the exterior wall?  Yes  No

Distance between exterior access doors: \_\_\_\_\_

Smoke & Heat vents?  Yes  No

Draft curtains?  Yes  No

Ceiling Height: \_\_\_\_\_

\* **Sprinkler System:**

Ceiling discharge density: \_\_\_\_\_

In-rack sprinklers:  Yes  No

Deflector height: \_\_\_\_\_

Head type, temperature rating and K-factor: \_\_\_\_\_

\* **Additional Information:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



# Building Application

Commercial  Multi-Family  Mixed Use  Change of Occupancy

### TYPE OF WORK:

- Accessory Structure  Addition  Exterior Alteration
- Garage  Modular  New  Portable  TI
- Remodel  Residential Remodel  Wireless Comm. Facility
- Awning  Dock  Fence  Rack Storage  Re-roof
- Retaining Wall  Stormwater Vault  Pool  Tank

### VALUE OF CONSTRUCTION & KING COUNTY ASSESSORS IMPROVEMENT VALUE\*

Value of Construction: \$ \_\_\_\_\_  
 KC Assessors Improvement Value: \$ \_\_\_\_\_

### SITE LOCATION

Site address: \_\_\_\_\_  
 Tax parcel number: \_\_\_\_\_  
 Project name: \_\_\_\_\_  
 Tenant: \_\_\_\_\_  
 Property owner: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Office Use Only

Date: \_\_\_\_\_ BLDG: \_\_\_\_\_  
 Accepted by: \_\_\_\_\_ BPLN: \_\_\_\_\_

### GREEN CERTIFICATION LEVEL

LEED :  Silver  Gold  Platinum

### LENDER INFORMATION N/A

Lender name: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

### APPLICANT INFORMATION

Contact person: \_\_\_\_\_  
 Company name: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

### DETAILED DESCRIPTION OF WORK

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WHO IS PAYING FOR THE PERMIT?  CONTRACTOR  APPLICANT  OWNER  DESIGN PROFESSIONAL

PLEASE ENTER INFORMATION BELOW IF DIFFERENT.

Name \_\_\_\_\_ Address \_\_\_\_\_  
 E-mail \_\_\_\_\_

### GENERAL CONTRACTOR INFORMATION

Company name: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 State contractor's license #: \_\_\_\_\_  
 Expiration date: \_\_\_\_\_  
 City of Redmond business license RED000 \_\_\_\_\_  
 E-mail: \_\_\_\_\_

### DESIGNED BY ARCHITECT ENGINEER

Contact person: \_\_\_\_\_  
 Company name: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**BUILDING INFORMATION**

Automatic Sprinkler Required	<input type="checkbox"/> Yes <input type="checkbox"/> No	Alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No
Automatic Sprinkler Provided	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hazardous Materials	<input type="checkbox"/> Yes <input type="checkbox"/> No
Quick Response Throughout	<input type="checkbox"/> Yes <input type="checkbox"/> No	Basement	<input type="checkbox"/> Yes <input type="checkbox"/> No
Quick Response per Occupant	<input type="checkbox"/> Yes <input type="checkbox"/> No	Change of Occupancy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Stories	_____	Certificate of Occupancy Required	<input type="checkbox"/> Yes <input type="checkbox"/> No
Special Conditions*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Smoke Control**	<input type="checkbox"/> Yes <input type="checkbox"/> No

\*If Yes, please explain \_\_\_\_\_  
\_\_\_\_\_

\*\*If Yes, design and construction documents shall be submitted as a separate Fire Installation permit in conjunction with Building Permit Application.

**BUILDING INFORMATION FOR PROPOSED WORK PER IBC**

Location*	Interior Remodel (SF)	New/Added (SF)	Type of Construction	Proposed Occupancy	# of occupants	Non-separated use?
<b>Total</b>						

\*Enter location by occupancy type (i.e. B, S-1, E, M, etc.) and by floor or suite number.

**EXISTING BUILDING INFORMATION**

Locate the building history and enter the information below. Form can be found at <http://gis.redmond.gov/pv/#/MapView>. If one is not available the information will be verified during plan review.

GIS #	Construction Type	Occupancy	Square Footage	Code Year

**ADDITIONAL APPLICANTS PLEASE ADD ADDITIONAL APPLICANTS BELOW THAT NEED ACCESS TO THE PLANS VIA THE ONLINE PORTAL**

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
 Name: \_\_\_\_\_ Company: \_\_\_\_\_

**\*\*Applicants must already be a contact in our permitting system. If not provide separate contact registration form per applicant.**

**\*Value of Construction:** The value of construction shall be based on the value of the work that is being performed. The total value of work shall include materials and labor for which the permit is being sought for. For the construction of new buildings, the building valuation data table located on [www.redmond.gov/permitfees](http://www.redmond.gov/permitfees) shall be used for new square footage based off of type of construction and occupancy.

**\*King County Assessor Value** can be found at <http://www5.kingcounty.gov/parcelviewer/viewer/kingcounty/viewer.asp>. Search by address or parcel. View the property report, and input the Appraised Improvements (Imps) Value for the current year.

**Expiration of Plan Review:** Applications for which no permit is issued within 180 days following the date of application shall expire and all fees paid shall be forfeited. Upon written request of the applicant, the Building Official may grant a 180-day extension to the Plan Review time as specified in Section 105.3.2 of the IBC. No application shall be extended for a period of more than 180 days. See the Fee Schedule for extension fee information.

**BUILDING OWNER OR AUTHORIZED AGENT**

I hereby certify that I have read and examined this application and know the same to be true and correct, and I am authorized to apply for this permit.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_