



*Planning & Permitting Division
Permit Assistance Center*

TEMPORARY MEMBRANE STRUCTURES & TENTS

Fire Construction Permit APPLICATION PACKET



Contents

- *Submittal checklist*
- *Combined permit application*
- *Summary of adopted codes*

This is intended only as an informational guide. The information may not be complete and is subject to change.

Updated 2014 – Please verify accuracy of this information / form prior to submitting.

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

Temporary Membrane Structures and Tents



105.7.16 Construction Permit Application

PERMIT SUBMITTAL COMPLETENESS CHECKLIST

Project name:		Accepted by/Date:	
Project address:		File number:	

**THE PURPOSE OF THIS CHECKLIST IS TO DETERMINE COMPLETENESS OF A SUBMITTAL.
 THE CHECKLIST DOES NOT VERIFY THE ACCURACY OF MATERIALS RECEIVED.
 Indicate the sheet number for each item in the left-hand column.**

Section 1 - SCOPE

1. Indicate the scope of work:

- Temporary Membrane Structure > 400sf Tent > 400sf

2. Possibly exempt from a permit if any of the following apply:

- Used for camping Used for funeral Tent or tents open on all sides and <700sf

3. Days which temporary membrane structure or tent will be constructed:

- _____ >180days in 12-m period (This becomes a building permit under IBC, not IFC)

Section 2 - GENERAL PROJECT SUBMITTALS

Sheet #	N/A	Office Use Only		Reference
			Complete permit application	IFC 105.2
			Two (2) copies of detailed site plan	IFC 3103.6
			Two (2) copies of detailed floor plan if occupant load >50	IFC 3103.6
			Two (2) copies of testing laboratory certificate of flame propagation performance criteria	IFC 3104.2
			Two (2) copies of affidavit from testing agency attesting to flame propagation performance criteria	IFC 3104.4
			Two (2) copies of equipment, valve, outlet, and piping cut sheets	IFC 105.4 / NFPA 14

Section 3 - FLOOR PLAN REQUIREMENTS

Sheet #	N/A	Office Use Only		Reference
			Details of means of egress	IFC 3103.6
			Seating arrangement and seating capacity	IFC 3103.6
			Location and type of heating, cooking, and electrical equipment	IFC 3103.6 / 3104.15
			Location of LP-gas	IFC 3104.16

Temporary Membrane Structures and Tents

105.7.16 Construction Permit Application



PERMIT SUBMITTAL COMPLETENESS CHECKLIST

			Location of flammable and combustible liquids	IFC 3104.17
			Location of "No Smoking" signs	IFC 3104.6
			Location of any combustible materials	IFC 3104.5
			Location of portable fire extinguishers and their size and type	IFC 3104.12

Section 4 - SITE PLAN REQUIREMENTS

Sheet #	N/A	Office Use Only		Reference
			Fire apparatus access roads	IFC 3103.8.1
			Lot lines, buildings, other tents or membrane structures	IFC 3103.8.2
			Parked vehicles or internal combustion engines	IFC 3103.8.2
			Guy wires and support ropes	IFC 3103.8.2
			Location of generators	IFC 3104.19

Notes:



**Planning & Permitting Division
Permit Assistance Center**

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

FOR OFFICE USE ONLY
PERMIT #(s) _____

COMBINED PERMIT APPLICATION
PERMIT SUBMITTAL HOURS
MONDAY – FRIDAY / 9:00 - 12:00 & 2:00 – 4:00

Building	Operations	Fire	Land Use
<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"/> 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): \$ _____

Forest Tax Reporting Account Number (if harvesting timber call the Department of Revenue at (800) 548-8829 for tax reporting information or to receive a tax number): _____

Detailed description of proposal/work:

Lending Institution for project (if applicable): _____

FOR OFFICE USE ONLY

Residential:

Living area: _____ sf x \$ _____ = \$ _____

Garage / Carport: _____ sf x \$ _____ = \$ _____

Deck / Porch: _____ sf x \$ _____ = \$ _____

Total valuation: \$ _____

Commercial:

(fill in type) _____ sf x \$ _____ = \$ _____

(fill in type) _____ sf x \$ _____ = \$ _____

Total valuation: \$ _____

Plan Check Fee: _____ Permit Fee: _____

State Fee: _____ Fire Plan Check Fee: _____

Technology Fee: _____ SEPA Fee: _____

Land Use:

Planning Application Fee: _____ Publication Fee: _____

Fire Plan Check Fee: _____ Mailing Fee: _____

SEPA Fee: _____ Technology Fee: _____

TOTAL FEES: _____



Adopted State Codes – Effective July 1, 2013

The City of Monroe enforces the following Washington State Building Codes and amendments; the Washington Administrative Code (WAC), 19.27A RCW, and as adopted in the Monroe Municipal Code Title 15:

- 2012 International Building Code (IBC)
- 2012 International Existing Building Code (IEBC)
- 2012 International Residential Code (IRC)
- 2012 International Fire Code (IFC)
- 2012 International Mechanical Code (IMC)
- 2012 International Fuel Gas Code (IFGC)
- 2012 Uniform Plumbing Code (UPC)
- 2012 IECC Energy conservation code with state amendments

Structural Design Criteria

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

Basic Wind Speed: 85 – (3 second gust)

Exposure Category: B –

Frost Depth: 18"

Snow Load: 25 (psf) Roof (Min)

Soils: IBC Sec.1804 & Table 1804.2 - IRC Table 401.4.1 & Table 405.1

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