



Commercial & Multifamily Building Permit Application

Building Department, 230 Davidson Ave., Woodland, WA 98674

Phone: (360) 225-7299

PRINT IN INK OR TYPE

(Separate Mechanical & Plumbing Permits Required)

FOR OFFICE USE ONLY

Permit No. 214-178

Date Received: 11/19/14

APPLICANT
 Name: Adam Skrzyszewski (Professional Permits)
 Phone: [REDACTED]
 Mailing Address, City, State, Zip: [REDACTED]
 Email Address: [REDACTED]

PROPERTY OWNER
 Name: PWREI C/O CCP, LLC
 Phone: [REDACTED]
 Mailing Address, City, State, Zip: [REDACTED]
 Email Address: [REDACTED]

GENERAL CONTRACTOR
 Business Name: Architectural Graphics Inc
 Contact Person: Michael Stephens
 Mailing Address, City, State, Zip: 2655 International Parkway Virginia Beach, VA 23452
 Phone: 757-427-1900
 City Business License #: [REDACTED] State Contractors License #: ARCHIGI981BE
 Email: mstephens@agisign.com

PROPERTY ADDRESS
 1999 Pacific Ave. Woodland, WA
 Parcel Number: 5042709

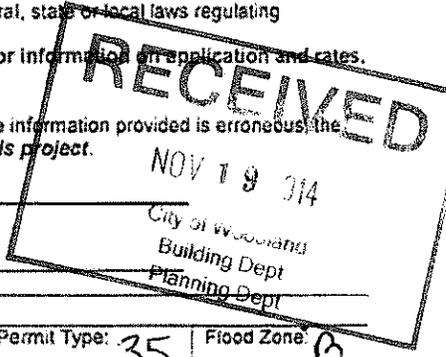
Fill & Grade/Excavation with this project?
 Yes [] No [] Total Quantity of Earthwork: _____ CY
 Type of Project: [] New [] Add On [] Demolition [] Remodel [] Repair [] Other _____
 Occupancy (uses):
 No. of Units: _____ No. of Bedrooms: _____ No. of Bathrooms: _____
 No. of Stories: _____ Building Height: _____ Total Square Feet: _____

Describe Project and Specific Use in Detail: install 2 wall mounted DT directional, 1 DT ground directional, 1 exit/thank you ground directional
 1 clearance bar, 1 pre menu board, 1 digital order screen, and 1.5 panel menu board

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PROJECT \$ 15,000

NOTICE: Separate permits and approvals may be required for this project. This permit may expire if work does not commence within 180 days of approval or if work is suspended or abandoned for a period of 180 days. Issuance of a permit does not authorize any work in public right-of-way or on utility easements. The granting of a permit or an approval does not presume to give authority to violate or cancel the provision of any other federal, state or local laws regulating construction, the performance of construction, and/or operation of the project. Utility service requests and associated fees are processed by the City of Woodland Public Works Department. For information on application and rates, contact (360) 225-7999.

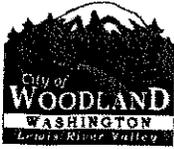
I hereby certify that I have read and examined this application and know the same to be true and correct, and if any of the information provided is erroneous, the permit or approval may be revoked. It is the responsibility of the applicant to arrange for ANY INSPECTIONS for this project.
 Owner's Signature: [REDACTED] Date: 11/13/14
 Applicant's Signature: [REDACTED] Date: 10/23/2014



DO NOT WRITE BELOW - FOR OFFICE USE ONLY

Comments: Application Complete: Zone: C-2 Permit Type: 35 Flood Zone: B

| Approvals | Initial | Date | Comments | | | |
|--------------------------|---------------|-----------------|--|------------------|---------------|--|
| Civil Plans | | | | | | |
| Planning Department | <u>AK</u> | <u>11/24/14</u> | <u>please see attached - zoning confirming substance + code sect</u> | | | |
| Drainage/Erosion Control | | | | | | |
| Fire/Life Safety | | | | | | |
| Building | <u>AK</u> | <u>11-17-14</u> | | | | |
| Fees Due | Amount | Account | Fees Due | Amount | Account | |
| Building Permit | <u>575.00</u> | 001 322 10 00 | Fire Impact Fees | | 351 345 85 00 | |
| Plan Review Pre-payment | | 001 322 10 20 | Park Impact Fees | | 352 345 85 00 | |
| Plan Review Balance | | 001 322 10 20 | Roadway Access | | 104 322 40 00 | |
| Surcharge | | 001 322 10 00 | TOTAL | \$ 575.00 | | |
| Grading/Excavating | | 001 322 10 00 | Receipt Number | Amount | Date | |
| Floodplain Mgt. | | 001 345 85 00 | <u>100743</u> | <u>575.00</u> | <u>4-1-15</u> | |
| School Impact Fees | | 350 345 85 00 | | | <u>JM</u> | |
| Transp. Impact Fees | | 353 345 85 00 | | | | |



④

City of Woodland
PO Box 9 / 230 Davidson
Woodland, WA 98674
360-225-7299
www.ci.woodland.wa.us

Fire & Life Safety Permit Application

Permit # 214-184 Parcel #: 508560100 Fire Marshal # FRI2015-00026

Job Address: 1500 Dike Access Road, Woodland WA 98674

Occupant: Woodland High School

Owner: _____ Address: _____

Contractor: Metro Safety and Fire Business License # _____

Address: 14324 SE Stark Portland, OR 97233

E-mail: Frank@metrosafetyandfire.com Phone: 503-231-2999 Mobile: _____

Contact Person: Frank Iude Address: Same as above

E-mail: Same as above Phone: Same as Above Mobile: _____

Zone: _____ Special Flood Hazard Zone: Yes No

An application is hereby made for the following review:

Fire Protection

- Fire Alarm System
- Sprinkler monitoring only (\$128.70 Total)
- Complete sprinkler system
- Sprinkler underground
- Sprinkler review for spray booth
- Other sprinkler review, six heads or more
- Commercial cooking protection
- Other extinguishing system
- Smoke removal system
- Fire pump system

Other Review

- Tent/Canopy (\$145 inspection fee only)
- Special Event
- Access gate
- Other (please list) _____

Special Hazards

- Magazines (explosives storage)
- LPG
- Residential LPG installations
- Aerosol storage
- High pile combustible storage
- Hazardous materials
- Underground storage tank decommissioning
- Cryogenic systems
- Compressed gasses
- Special Process or Equipment
- Application of flammable/combustible finish
- Commercial drying oven
- Organic coatings
- Semi-conductor fabrication

PAID

NOV 25 2014

CITY OF WOODLAND

To apply, submit 3 sets of plans and a \$150 general plan review deposit to the Building & Planning Department at the City Hall Annex, 230 Davidson, Woodland, WA 98674.

The balance of review, inspection, and issuance fees are due at the time of permit issuance.

NOTE: This application is not an approval or authorization for work to begin. Plan Review and inspection fees are outlined in Resolution 619. In addition to any other penalty allowed by city code, double review fees will be charged where work has commenced prior to the applicant obtaining the required reviews, approvals or permits. The City of Woodland has adopted the Clark County Fire Marshal's fee schedule. A 10% administrative cost will be added to all permits.

PAID

APR 03 2015

Applicant: _____
Phone: _____

Date submitted: _____
E-mail: _____

Comments: CC Fee = \$292.-

| Amount | Type | ACCOUNT | Receipt # | Date Paid | Initials |
|-----------|--------------------|------------------|-----------|-----------|----------|
| \$ 150.00 | Pre Payment | 001 386 00 00 01 | | | |
| \$ 142.00 | Fees - Pre Payment | 001 386 00 00 01 | 98776 | 11-25-14 | JM |
| \$ 29.20 | Admin (10% fee) | 001 341 42 00 00 | 100772 | 4-3-15 | JM |
| \$171.20 | BALANCE | NA | | | |



One and Two Family Building Permit Application

Building Department, 230 Davidson Ave., Woodland, WA 98674

Phone: (360) 225-7299

PRINT IN INK OR TYPE

(Separate Mechanical & Plumbing Permits Required)

(4)

FOR OFFICE USE ONLY

Permit No. 215-019

Date Received: 2/12/15

| | | | |
|--|------------------|---|--|
| APPLICANT | | Name: <u>Karlson Development LLC</u> | Phone: [REDACTED] |
| Mailing Address, City, State, Zip | | [REDACTED] | Email Address: [REDACTED] |
| PROPERTY OWNER | | Name: <u>Same</u> | Phone: [REDACTED] |
| Mailing Address, City, State, Zip | | [REDACTED] | Email Address: [REDACTED] |
| GENERAL CONTRACTOR | | Business Name: <u>Karlson Development LLC</u> | Contact Person: <u>Diane Karlson</u> |
| Mailing Address, City, State, Zip | | <u>9704 NIE 117th Ave Vancouver WA 98662</u> | Phone: <u>941-1405</u> |
| City Business License # | | <u>14-000126.7</u> | State Contractors License # |
| Property Address | | <u>331 Hillshire Dr.</u> | Parcel Number |
| Fill & Grade/Excavation with this project? | | Yes [] No [X] Total Quantity of Earthwork: <u>CY</u> | Type of Project |
| Occupancy (uses): | | <u>NEW CONSTRUCTION SINGLE FAMILY</u> | <input checked="" type="checkbox"/> New <input type="checkbox"/> Remodel <input type="checkbox"/> Add On <input type="checkbox"/> Repair <input type="checkbox"/> Demolition <input type="checkbox"/> Other |
| | | No. of Units | No. of Bedrooms |
| | | <u>2</u> | <u>3</u> |
| | | No. of Stories | Building Height |
| | | <u>2</u> | <u>27</u> |
| | | Total Square Feet | |
| | | <u>1214</u> | |
| Describe Project and Specific Use in Detail: | | | |
| <u>new construction single family</u> | | | |
| TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PROJECT: <u>\$170,000.00</u> | | | |
| <p>NOTICE: This permit is issued for the specific project described herein. It does not authorize any other work or any other use of the property. Any work in violation of the terms of this permit is prohibited. The City of Woodland reserves the right to suspend or revoke this permit at any time if the applicant fails to comply with the terms of this permit. The City of Woodland is not responsible for any damage to property or persons resulting from the use of this permit. The City of Woodland is not responsible for any damage to property or persons resulting from the use of this permit.</p> | | | |
| I hereby certify that I have read and examined this application and know the same to be true and correct, and if any of the information provided is erroneous, the permit of approval may be revoked. It is the responsibility of the applicant to arrange for ANY INSPECTIONS for this project. PAID | | | |
| [REDACTED] Signature | | Date: <u>2-11-15</u> | APR 13 2015 |
| [REDACTED] Signature | | Date: <u>2-11-15</u> | CITY OF WOODLAND |
| DO NOT WRITE BELOW - FOR OFFICE USE ONLY | | | |
| Setbacks: Front: | Side: | Back: | Zone: <u>LDR 7.2</u> |
| | | Permit Type: <u>PAID</u> | Flood Zone: <u>A</u> |
| Approvals | | Initial | Date |
| Civil Plans | | | |
| Planning Department | | | |
| Drainage/Erosion Control | | | |
| Fire/Life Safety | | | |
| Building | | | |
| Fees Due | Amount | Account | Fees Due |
| Building Permit | <u>\$1816.95</u> | 001 322 10 00 | Water Assessment |
| Plan Review Pre-payment | <u>600.00 pa</u> | 001 322 10 20 | Meter Deposit |
| Plan Review Balance | <u>\$581.02</u> | 001 322 10 20 | Sewer Assessment |
| Surcharge | <u>4.50</u> | 001 322 10 00 | Sewer Inspection |
| Grading/Excavating | <u>0</u> | 001 322 10 00 | Roadway Access |
| Floodplain Mgt. | <u>100.00</u> | 001 345 89 00 | <u>37x5 185</u> |
| School Impact Fees | <u>2750.00</u> | 350 345 85 00 | TOTAL |
| Fire Impact Fees | <u>1530.00</u> | 351 345 85 00 | <u>\$15,623.47</u> |
| Park Impact Fees | <u>---</u> | 352 345 85 00 | Receipt Number |
| Transp. Impact Fees | <u>---</u> | 353 345 85 00 | Amount |
| | | | Date |
| | | | Initial |
| | | | <u>100021</u> |
| | | | <u>\$600.00</u> |
| | | | <u>2-13-15</u> |
| | | | <u>10</u> |
| | | | <u>106870</u> |
| | | | <u>\$15,623.47</u> |
| | | | <u>4-13-15</u> |
| | | | <u>JM</u> |

Plumbing & Mechanical Permit Application

City of Woodland, Washington - Building Department
PRINT IN INK OR TYPE - PRESS FIRMLY - DO NOT USE PENCIL

②

FOR OFFICE USE ONLY
 Permit No. 215-020
 Date 2/12/15

| | | | | | |
|---|--|--|---|------------------------------------|--|
| Applicant Name <u>Karlson Development LLC</u> | | Title (if owner, state OWNER) <u>Owner</u> | | Daytime Phone: [REDACTED] | |
| Property Owner <u>Same</u> | | Mailing Address, City, State & Zip [REDACTED] | | Daytime Phone: | |
| Contractor <u>Same</u> | | Business Address, City, State & Zip <u>Vanco Wa. 98662</u> | | Daytime Phone: | |
| City of Woodland Business License Number <u>14-00176.7</u> | | Washington State Labor & Industries Number and Expiration Date <u>Ka-1504980 LE</u> | | | |
| Project Address <u>331 Hillshire Dr.</u> | | Subdivision/Legal Description <u>Merivether Estates</u> | | Parcel Number <u>5-07060130</u> | |
| Type of Facility: <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Educational <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> _____ | | | Work Type: <input type="checkbox"/> Demolish <input type="checkbox"/> Remodel/Alter <input type="checkbox"/> Addition <input checked="" type="checkbox"/> New <input type="checkbox"/> Move <input type="checkbox"/> Repair <input type="checkbox"/> _____ | | |

PLUMBING:

- Fixtures (or set) on one trap # # #
- Building or Trailer Park Sewer
- Rainwater System Drains (inside)
- Private Sewage System
- Water Heaters and/or ~~boilers~~ 1
- Gas Piping Systems of 1 to 5 vents 1
- Gas Piping Systems over 5 vents
- Industrial Waste Interceptors
- Installations/Alterations/ Repairs of:
 - Water Piping
 - Water Treating Equipment
 - Medical Gas Piping
- Fixtures with drain/vent repairs or alterations
- Lawn Sprinkler System with Backflow Device 1
- Vacuum Breakers not with Sprinkler
- Backflow Protective Devices to 2" diameter
- Backflow Protective Devices over 2" diameter

MECHANICAL:

- Furnace up to 100,000 BTU 1
- Furnace over 100,000 BTU
- Floor Furnace installation or relocation
- Heater (suspended, recessed or floor)
- Vent not included with appliance
- Repair/Alteration/Addition to Appliance
- Boilers/Compressors to 3hp (heat pump) 1
 - from 3 to 15 hp
 - from 15 to 30 hp
 - from 30 to 50 hp
 - over 50 hp
- Absorption Systems to 100,000 BTU/h
- from 100,000 to 500,000 BTU/h
- from 500,000 to 1,000,000 BTU/h
- from 1,000,000 to 1,750,000 BTU/h
- over 1,750,000 BTU/h
- Air Handling Units up to 10,000 CFM 1
 - over 10,000 CFM
- Evaporative Cooler (non portable)
- Ventilation Fan w/ single duct 4
- Ventilation System (not heat or a/c)
- Hood w/ mechanical exhaust 1
- Incinerator, domestic type
- commercial or industrial
- Appliance/Equipment Item (UMC)
- Fuel-Gas Piping System Outlets 1
- Haz. Process Piping System Outlets
- Non-Haz. Proc. Piping System Outlets
- Commercial Hood Type 1
- Dust Collection System
- Other

RECEIVED
 FEB 12 2015
 City of Woodland
 Building Dept
 Planning Dept
PAID
 APR 13 2015
 CITY OF WOODLAND

Describe Project and Specific Use in Detail:

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PERMIT \$ ~~172~~ 15,000.00

I hereby certify that I have read and examined this application and know the same to be true and correct, and if any of the information provided is incorrect, the permit may be revoked.

APPLICANT'S SIGNATURE

2-11-15
DATE

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

| | | | | | | | |
|--|----------------------|--|---------------|----------------------------|-------|----------------------|---------|
| Project Address/Location: | | <input type="checkbox"/> First Plumbing Permit | | Permit Type: <u>36</u> | | Flood Zone: <u>A</u> | |
| <input type="checkbox"/> First Mechanical Permit | | | | | | | |
| Permit Approval | Initial | Date | COMMENTS | | | | |
| Mechanical | | | | | | | |
| Plumbing | | | | | | | |
| Fire/Life Safety | | | | | | | |
| FEES DUE | Req'd | Amount | Account | FEES DUE | Req'd | Amount | Account |
| Plumbing Permit | | <u>\$240.00</u> | 001 322 10 00 | Other | | | |
| Mechanical Permit | | <u>\$186.00</u> | 001 322 10 00 | Other | | | |
| Other | | | | Other | | | |
| Received By: <u>JM</u> | Date: <u>4-13-15</u> | Receipt Number: <u>100871</u> | | Total Due: <u>\$426.00</u> | | | |



Commercial & Multifamily Building Permit Application

Building Department, 230 Davidson Ave., Woodland, WA 98674

Phone: (360) 225-7299

PRINT IN INK OR TYPE

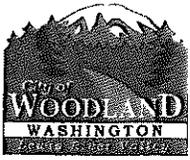
(Separate Mechanical & Plumbing Permits Required)

FOR OFFICE USE ONLY

Permit No. 215-026

Date Received: 2/20/15

| | | | | |
|---|---------------|--|--|-------------------------------------|
| APPLICANT | | Name ES&A Sign & Awning | Phone: 541-485-5546 | |
| Mailing Address, City, State Zip | | 89975 Prairie Rd. Eugene, OR 97402 | | Email Address: bhoward@esasigns.com |
| PROPERTY OWNER | | Name Woodland School District | Phone: [REDACTED] | |
| Mailing Address, City State, Zip | | [REDACTED] | | Email Address: |
| GENERAL CONTRACTOR | | Business Name ES&A Sign & Awning | Contact Person Brandon Howard | |
| Mailing Address, City State, Zip | | 89975 Prairie Rd. Eugene, OR 97402 | | Phone: 503-867-7714 |
| City Business License # <u>116.9</u> | | State Contractors License # ESSIG**958LO | | Email: bhoward@esasigns.com |
| PROPERTY ADDRESS Woodland High School 1500 Dike Access Rd. Woodland, WA | | | Parcel Number | |
| Fill & Grade/Excavation with this project? Yes [] No [] Total Quantity of Earthwork: _____ CY | | | | |
| Type of Project [] New [] Add On [] Demolition [] Remodel [] Repair [] Other _____ | | | | |
| Occupancy (uses): | | | | |
| | | No. of Units | No. of Bedrooms | No. of Bathrooms |
| | | No. of Stories | Building Height | Total Square Feet |
| Describe Project and Specific Use in Detail: Application for (6) sign permits | | | | |
| TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PROJECT \$ <u>46,000</u> | | | | |
| <p>NOTICE: Separate permits and approvals may be required for this project. This permit may expire if work does not commence within 180 days of approval or if work is suspended or abandoned for a period of 180 days. Issuance of a permit does not authorize any work in public right-of-way or on utility easements. The granting of a permit or an approval does not presume to give authority to violate or cancel the provision of any other federal, state or local laws regulating construction, the performance of construction, and/or operation of the project. Utility service requests and associated fees are processed by the City of Woodland Public Works Department. For information on application and rates, contact (360) 225-7999.</p> | | | | |
| I hereby certify that I have read and examined this application and know the same to be true and correct, and if any of the information provided is erroneous, the permit or approval may be revoked. It is the responsibility of the applicant to arrange for ANY INSPECTIONS for this project. | | | | |
| Owner's Signature | | Date | | |
| [REDACTED] | | <u>2/20/15</u> <u>4/23/15</u> | | |
| Applicant's Signature | | Date | | |
| [REDACTED] | | | | |
| DO NOT WRITE BELOW -- FOR OFFICE USE ONLY | | | | |
| Comments: | | Zone: <u>P&I</u> | Permit Type: <u>35</u> | Flood Zone: <u>B</u> |
| Application Complete: | | Comments | | |
| Approvals | Initial | Date | | |
| Civil Plans | | | | |
| Planning Department | <u>ad</u> | <u>3/11/15</u> | <u>LED display - aluminum only 2 colors total. (no non-metallic)</u> | |
| Drainage/Erosion Control | | | <u>only for 2 sections</u> | |
| Fire/Life Safety | | | | |
| Building | <u>BB</u> | <u>3-17-15</u> | | |
| Fees Due | Amount | Account | Fees Due | Amount |
| Building Permit | <u>525.00</u> | 001 322 10 00 | Fire Impact Fees | 351 345 85 00 |
| Plan Review Pre-payment | | 001 322 10 20 | Park Impact Fees | 352 345 85 00 |
| Plan Review Balance | | 001 322 10 20 | Roadway Access | 104 322 40 00 |
| Surcharge | <u>450</u> | 001 322 10 00 | TOTAL | <u>\$529.50</u> |
| Grading/Excavating | | 001 322 10 00 | Receipt Number | Amount |
| Floodplain Mgt. | | 001 345 89 00 | <u>100948</u> | <u>422.15</u> |
| School Impact Fees | | 350 345 85 00 | <u>100948</u> | <u>8529.50</u> |
| Transp. Impact Fees | | 353 345 85 00 | | <u>4-23-15</u> |
| | | | | <u>SM</u> |



One and Two Family Building Permit Application

Building Department, 230 Davidson Ave., Woodland, WA 98674
Phone: (360) 225-7299

PRINT IN INK OR TYPE

(Separate Mechanical & Plumbing Permits Required)

FOR OFFICE USE ONLY

Permit No. 215-037

Date Received: 3/16/15

| | | | |
|---|--|--|--|
| APPLICANT | | Name: <u>J+J HOME SERVICES. JAMES M PETERSON</u> | Phone: <u>360-225-5959</u> |
| Mailing Address, City, State Zip <u>PO BOX 208 WOODLAND, WA 98674</u> | | Email Address: <u>None</u> | |
| PROPERTY OWNER | | Name: <u>Mrs + Mrs ROCKMAN</u> | Phone: <u>[REDACTED]</u> |
| Mailing Address, City State, Zip <u>[REDACTED]</u> | | Email Address: <u>[REDACTED]</u> | |
| GENERAL CONTRACTOR | | Business Name: <u>J+J HOME SERVICES, INC</u> | Contact Person: <u>JAMES M PETERSON</u> |
| Mailing Address, City State, Zip <u>PO BOX 208 WOODLAND, WA 98674</u> | | City Business License # <u>15-0001101.0</u> | State Contractors License # <u>JJHOMJ149224R</u> |
| Phone: <u>360-225-5959</u> | | Email Address: <u>None</u> | |
| PROPERTY ADDRESS | | Lot # | Parcel # |
| <u>369 CONCLUB RD #47</u> | | | <u>8128</u> |
| Fill & Grade/Excavation with this project? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Total Quantity of Earthwork: <u>CY</u> | | Type of Project | <input type="checkbox"/> New <input checked="" type="checkbox"/> Add Cr. <input type="checkbox"/> Demolition |
| | | <input type="checkbox"/> Remodel <input type="checkbox"/> Repair | <input type="checkbox"/> Other |
| Occupancy (uses): <u>LIBRARY USE</u> | | No. of Units | No. of Bedrooms |
| | | | No. of Bathrooms |
| | | No. of Stories | Building Height |
| | | | Total Square Feet |
| Describe Project and Specific Use in Detail: <u>FRAME IN 26' X 12' OF EXISTING CAR PORT FOR NEW LIBRARY</u> <u>BUILD 309 2X4 WALLS UNDER CARPORT ROOF</u> | | | |

RECEIVED
 MAR 16 2015
 City of Woodland
 Building Dept
 Planning Dept

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PROJECT \$ ~~12,500~~ 12,500.00

NOTICE: Separate permits and approvals may be required for this project. This permit may expire if work does not commence within 180 days of approval or if work is suspended or abandoned for a period of 180 days. Issuance of a permit does not authorize any work in public right-of-way or on utility easements. The granting of a permit or an approval does not presume to give authority to violate or cancel the provision of any other federal, state or local laws regulating construction, the performance of construction, and/or operation of the project.

I hereby certify that I have read and examined this application and know the same to be true and correct, and if any of the information provided is erroneous, the permit or approval may be revoked. **It is the responsibility of the applicant to arrange for ANY INSPECTIONS for this project.**

Applicant's Signature: [REDACTED] Date: 3/16/2015

DO NOT WRITE BELOW - FOR OFFICE USE ONLY

| | | | | | | |
|--------------------------|----------|---------------|---------------|-------------------------|--------------------------|----------------------|
| Setbacks: Front: | RT Side: | LT Side: | Back: | Zone: <u>HDR</u> | Permit Type: <u>RAID</u> | Flood Zone: <u>A</u> |
| Approvals | | Initial | Date | Comments | | |
| Civil Plans | | | | | | |
| Planning Department | | <u>JP</u> | <u>4/1/15</u> | APR 13 2015 | | |
| Drainage/Erosion Control | | | | | | |
| Fire/Life Safety | | | | CITY OF WOODLAND | | |
| Building | | <u>JP</u> | <u>4-7-15</u> | | | |
| Fees Due | | Amount | Account | Fees Due | Amount | Account |
| Building Permit | | <u>223.25</u> | 001 322 10 00 | Water Assessment | | 421 368 10 10 |
| Plan Review Pre-payment | | | 001 322 10 20 | Meter Deposit | | 401 389 00 00 |
| Plan Review Balance | | <u>145.11</u> | 001 322 10 20 | Sewer Assessment | | 422 368 10 00 |
| Surcharge | | <u>4.50</u> | 001 322 10 00 | Sewer Inspection | | 402 369 90 10 |
| Grading/Excavating | | | 001 322 10 00 | Roadway Access | | 104 322 40 00 |
| Floodplain Mgt. | | | 001 345 89 00 | TOTAL | <u>\$372.86</u> | |
| School Impact Fees | | | 650 345 85 00 | Receipt Number | Amount | Date |
| Fire Impact Fees | | | 351 345 85 00 | <u>100866</u> | <u>372.86</u> | <u>4-13-15</u> |
| Park Impact Fees | | | 352 345 85 00 | | | <u>LC</u> |
| Transp. Impact Fees | | | 353 345 85 00 | | | |



One and Two Family Building Permit Application

Building Department, 230 Davidson Ave., Woodland, WA 98674
Phone: (360) 225-7299

PRINT IN INK OR TYPE

(Separate Mechanical & Plumbing Permits Required)

9

| |
|-------------------------------|
| FOR OFFICE USE ONLY |
| Permit No. <u>20215-041</u> |
| Date Received: <u>3/20/15</u> |

| | | |
|---|----------------------|---------------------------|
| APPLICANT | Name: <u>Will Ek</u> | Phone: [REDACTED] |
| Mailing Address, City, State Zip [REDACTED] | | Email Address: [REDACTED] |
| PROPERTY OWNER | Name: <u>Same</u> | Phone: [REDACTED] |
| Mailing Address, City State, Zip [REDACTED] | | Email Address: [REDACTED] |

| | | |
|---|-----------------------------|---------------------------|
| GENERAL CONTRACTOR | Business Name | Contact Person |
| Mailing Address, City State, Zip [REDACTED] | | Phone: [REDACTED] |
| City Business License # | State Contractors License # | Email Address: [REDACTED] |

| | | | |
|--|--|--|--|
| PROPERTY ADDRESS | | Lot # | Parcel Number |
| <u>1768 N Goerig St</u> | | | <u>5-0638</u> |
| Fill & Grade/Excavation with this project? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Total Quantity of Earthwork: <u>CY</u> | | Type of Project <input type="checkbox"/> New <input type="checkbox"/> Add On <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Remodel <input type="checkbox"/> Repair <input type="checkbox"/> Other |
| Occupancy (uses): <u>Entry & Living Room</u> | | No. of Units | No. of Bedrooms |
| | | No. of Bathrooms | |
| | | No. of Stories | Building Height |
| | | | Total Square Feet <u>604</u> |

Describe Project and Specific Use in Detail: Convert Garage into Living Room with new wood floor over garage floor and Enclose existing covered porch and build a new 8x14 deck

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PROJECT \$ 18,120

NOTICE: Separate permits and approvals may be required for this project. This permit may expire if work does not commence within 180 days of approval or if work is suspended or abandoned for a period of 180 days. Issuance of a permit does not authorize any work in public right-of-way or on utility easements. The granting of a permit or an approval does not presume to give authority to violate or cancel the provision of any other federal, state or local laws regulating construction, the performance of construction, and/or operation of the project.

I hereby certify that I have read and examined this application and know the same to be true and correct, and if any of the information provided is erroneous, the permit or approval may be revoked. *It is the responsibility of the applicant to arrange for ANY INSPECTIONS for this project.*

Owner's Signature: [REDACTED] Date: 3-20-15 **PAID**

Applicant's Signature: _____ Date: _____ **APR 02 2015**

CITY OF WOODLAND

DO NOT WRITE BELOW - FOR OFFICE USE ONLY

| | | | | | | |
|--------------------------|----------|---------------|----------|------------------|-----------------------|----------------------|
| Setbacks: Front: | RT Side: | LT Side: | Back: | Zone: <u>HDR</u> | Permit Type: <u>2</u> | Flood Zone: <u>A</u> |
| Approvals | Initial | Date | Comments | | | |
| Civil Plans | | | | | | |
| Planning Department | | | | | | |
| Drainage/Erosion Control | | | | | | |
| Fire/Life Safety | | | | | | |
| Building | | <u>4-2-15</u> | | | | |

| Fees Due | Amount | Account | Fees Due | Amount | Account |
|-------------------------|---------------|---------------|------------------|-----------------|---------------|
| Building Permit | <u>307.25</u> | 001 322 10 00 | Water Assessment | | 421 368 10 10 |
| Plan Review Pre-payment | | 001 322 10 20 | Meter Deposit | | 401 389 00 00 |
| Plan Review Balance | <u>199.71</u> | 001 322 10 20 | Sewer Assessment | | 422 368 10 00 |
| Surcharge | <u>4.50</u> | 001 322 10 00 | Sewer Inspection | | 402 369 90 10 |
| Grading/Excavating | | 001 322 10 00 | Roadway Access | | 104 322 40 00 |
| Floodplain Mgt. | | 001 345 89 00 | TOTAL | <u>\$511.46</u> | |
| School Impact Fees | | 650 345 85 00 | Receipt Number | Amount | Date |
| Fire Impact Fees | | 351 345 85 00 | <u>100756</u> | <u>\$511.46</u> | <u>4-2-15</u> |
| Park Impact Fees | | 352 345 85 00 | | | <u>JM</u> |
| Transp. Impact Fees | | 353 345 85 00 | | | |



**One and Two Family Building
Permit Application**
Building Department, 230 Davidson Ave., Woodland, WA 98674
Phone: (360) 225-7299
PRINT IN INK OR TYPE
(Separate Mechanical & Plumbing Permits Required)

②

FOR OFFICE USE ONLY

Permit No. 215-044

Date Received: 3/31/15

| | | | |
|---|--|--|---|
| APPLICANT | | Name: <u>Karlson Development LLC</u> | Phone: [REDACTED] |
| Mailing Address, City, State, Zip | | [REDACTED] | Email Address: [REDACTED] |
| PROPERTY OWNER | | Name: <u>Same</u> | Phone: [REDACTED] |
| Mailing Address, City, State, Zip | | [REDACTED] | Email Address: [REDACTED] |
| GENERAL CONTRACTOR | | Business Name: <u>Karlson Development LLC</u> | Contact Person: <u>Diane Karlson</u> |
| Mailing Address, City, State, Zip | | <u>9704 N.E. 117th Ave. Vancouver WA 98662</u> | Phone: <u>941-1405</u> |
| City Business License # | | <u>14-000126.7</u> | State Contractors License # |
| | | <u>KARLSON 9801E</u> | Email Address: <u>Diane@karlson.com</u> |
| Property Address | | <u>334 Hillshire Dr. Lot 62</u> | |
| Fill & Grade/Excavation with this project? | | Parcel Number: <u>507060162</u> | |
| Yes [] No [X] Total Quantity of Earthwork: <u>CY</u> | | Type of Project | <input checked="" type="checkbox"/> New <input type="checkbox"/> Add On <input type="checkbox"/> Demolition |
| | | | <input type="checkbox"/> Remodel <input type="checkbox"/> Repair <input type="checkbox"/> Other |
| Occupancy (uses): | | No. of Units | No. of Bedrooms |
| <u>New construction single family</u> | | | <u>4</u> |
| | | No. of Bathrooms | <u>3</u> |
| | | No. of Stories | <u>2</u> |
| | | Building Height | <u>28ft</u> |
| | | Total Square Feet | <u>2585</u> |
| Describe Project and Specific Use in Detail: | | | |
| <u>New construction single family</u> | | | |
| TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PROJECT <u>\$ 284,574.35</u> | | | |
| <small>NOTICE: A building permit approval may be required for this project. This permit may expire if work does not commence within 180 days of approval or if work is suspended for a period of 180 days. Issuance of a permit does not authorize any work in public right-of-way or on utility easements. The building department does not provide any warranty for the validity or content of the provision of any other separate state or local laws regulating construction or operation of the project.</small> | | | |
| I hereby certify that I have read and examined this application and know the same to be true and correct, and if any of the information provided is erroneous, the permit or approval may be revoked. <i>It is the responsibility of the applicant to arrange for ANY INSPECTIONS for this project.</i> | | | |
| Owner's Signature | | Date | PAID |
| [REDACTED] | | <u>3-31-15</u> | APR 28 2015 |
| Applicant's Signature | | Date | CITY OF WOODLAND |
| [REDACTED] | | <u>3-31-15</u> | |

DO NOT WRITE BELOW - FOR OFFICE USE ONLY

| | | | | | |
|--------------------------|--------------------|----------------|-----------------------|-----------------------|-------------------------|
| Setbacks: Front: | Side: | Back: | Zone: <u>LDR 7.2</u> | Permit Type: <u>1</u> | Flood Zone: <u>A</u> |
| Approvals | Initial | Date | Comments: PAID | | |
| Civil Plans | | | | | |
| Planning Department | | | | | |
| Drainage/Erosion Control | | | | | |
| Fire/Life Safety | | | | | |
| Building | <u>RM</u> | <u>4-22-15</u> | | | |
| Fees Due | Amount | Account | Fees Due | Amount | CITY OF WOODLAND |
| Building Permit | <u>2029.75</u> | 001 322 10 00 | Water Assessment | <u>3087</u> | 421 368 10 10 |
| Plan Review Pre-payment | <u>\$600.00 JM</u> | 001 322 10 20 | Meter Deposit | <u>602</u> | 401 389 00 00 |
| Plan Review Balance | <u>719.34</u> | 001 322 10 20 | Sewer Assessment | <u>4686</u> | 422 368 10 00 |
| Surcharge | <u>4.50</u> | 001 322 10 00 | Sewer Inspection | <u>221</u> | 402 369 90 10 |
| Grading/Excavating | | 001 322 10 00 | Roadway Access | <u>30x5=150</u> | 104 322 40 00 |
| Floodplain Mgt. | <u>100.00</u> | 001 345 89 00 | TOTAL | <u>\$15,939.59</u> | |
| School Impact Fees | <u>2750</u> | 350 345 85 00 | Receipt Number | Amount | Date |
| Fire Impact Fees | <u>1530</u> | 351 345 85 00 | <u>100734</u> | <u>\$600.00</u> | <u>3-31-15</u> |
| Park Impact Fees | | 352 345 85 00 | <u>101013</u> | <u>15,939.59</u> | <u>4-28-15</u> |
| Transp. Impact Fees | <u>838</u> | 353 345 85 00 | | | <u>JM</u> |
| | | | | | <u>SM</u> |

Plumbing & Mechanical Permit Application

City of Woodland, Washington - Building Department
PRINT IN INK OR TYPE - PRESS FIRMLY - DO NOT USE PENCIL

FOR OFFICE USE ONLY
 Permit No. 215045
 Date 3/31/15

| | | |
|--|--|------------------------------------|
| Applicant Name <u>Karlson Development LLC</u> | Title (if owner, state OWNER) <u>Owner</u> | Daytime Phone: [REDACTED] |
| Property Owner <u>Same</u> | Mailing Address, City, State & Zip [REDACTED] | Daytime Phone: |
| Contractor <u>Same</u> | Business Address, City, State & Zip <u>Vanco Wa. 98662</u> | Daytime Phone: |
| City of Woodland Business License Number <u>14-00176.7</u> | Washington State Labor & Industries Number and Expiration Date <u>KA-1506980 LE</u> | |
| Project Address <u>334 Hillshire Dr.</u> | Subdivision/Legal Description <u>Meriventer Estates Lot 62</u> | Parcel Number <u>5-07060162</u> |
| Type of Facility: <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Educational <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> _____ | Work Type: <input type="checkbox"/> Demolish <input type="checkbox"/> Remodel/Alter <input type="checkbox"/> Addition <input checked="" type="checkbox"/> New <input type="checkbox"/> Move <input type="checkbox"/> Repair <input type="checkbox"/> _____ | |

| PLUMBING: | MECHANICAL: | |
|---|---|---|
| Fixtures (or set) on one trap <u>11</u> | Furnace up to 100,000 BTU <u>1</u> | Air Handling Units up to 10,000 CFM _____ |
| Building or Trailer Park Sewer <u>1</u> | Furnace over 100,000 BTU _____ | • over 10,000 CFM _____ |
| Rainwater System Drains (inside) _____ | Floor Furnace installation or relocation _____ | Evaporative Cooler (non portable) _____ |
| Private Sewage System _____ | Heater (suspended, recessed or floor) _____ | Ventilation Fan w/ single duct <u>3</u> |
| Water Heaters and/or Vents _____ | Vent not included with appliance _____ | Ventilation System (not heat or a/c) .. _____ |
| Gas Piping Systems of 1 to 5 vents <u>X</u> | Repair/Alteration/Addition to Appliance _____ | Hood w/ mechanical exhaust <u>1</u> |
| Gas Piping Systems over 5 vents _____ | Boilers/Compressors to 3hp (heat pump) <u>1</u> | Incinerator, domestic type _____ |
| Industrial Waste Interceptors _____ | • from 3 to 15 hp _____ | • commercial or industrial _____ |
| Installations/Alterations/ Repairs of: | • from 15 to 30 hp _____ | Appliance/Equipment Item (UMC) _____ |
| • Water Piping _____ | • from 30 to 50 hp _____ | Fuel-Gas Piping System Outlets _____ |
| • Water Treating Equipment _____ | • over 50 hp _____ | Haz. Process Piping System Outlets .. _____ |
| • Medical Gas Piping _____ | Absorption Systems to 100,000 BTU/h _____ | Non-Haz. Proc. Piping System Outlets _____ |
| Fixtures with drain/vent repairs or alterations _____ | • from 100,000 to 500,000 BTU/h _____ | Commercial Hood Type 1 _____ |
| Lawn Sprinkler System with Backflow Device <u>1</u> | • from 500,000 to 1,000,000 BTU/h _____ | Dust Collection System _____ |
| Vacuum Breakers not with Sprinkler _____ | • from 1,000,000 to 1,750,000 BTU/h _____ | Other _____ |
| Backflow Protective Devices to 2" diameter _____ | • over 1,750,000 BTU/h _____ | |
| Backflow Protective Devices over 2" diameter _____ | | |

Describe Project and Specific Use in Detail:
New construction single family **PAID**
\$570 **APR 28 2015**
CITY OF WOODLAND

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PERMIT \$ 15,000.00

I hereby certify that I have read and examined this application and know the same to be true and correct, and if any of the information provided is incorrect, the permit may be revoked.
 [REDACTED SIGNATURE] 3-31-15
 APPLICANT'S SIGNATURE DATE

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

| | | | | | | | |
|---------------------------|----------------------|--|----------------------------|----------------------|-------|--------|---------|
| Project Address/Location: | | <input type="checkbox"/> First Plumbing Permit | Permit Type: <u>36</u> | Flood Zone: <u>A</u> | | | |
| | | <input type="checkbox"/> First Mechanical Permit | | | | | |
| Permit Approval | Initial | Date | COMMENTS | | | | |
| Mechanical | | | | | | | |
| Plumbing | <u>[Signature]</u> | <u>4-22-15</u> | | | | | |
| Fire/Life Safety | | | | | | | |
| FEES DUE | Req'd | Amount | Account | FEES DUE | Req'd | Amount | Account |
| Plumbing Permit | | <u>269.00</u> | 001 322 10 00 | Other | | | |
| Mechanical Permit | | <u>150.00</u> | 001 322 10 00 | Other | | | |
| Other | | | | Other | | | |
| Received By: <u>JM</u> | Date: <u>4-28-15</u> | Receipt Number: <u>101014</u> | Total Due \$ 419.00 | | | | |

Plumbing & Mechanical Permit Application
 City of Woodland, Washington - Building Department
PRINT IN INK OR TYPE - PRESS FIRMLY - DO NOT USE PENCIL

FOR OFFICE USE ONLY
 Permit No. 215-046
 Date 3/31/15

| | | | |
|---|--|---|---|
| Applicant Name <u>Tuseary Homes, LLC</u> | | Title (if owner, state OWNER) [REDACTED] | Daytime Phone: <u>Wood Tolvone</u> |
| Property Owner <u>Bridger Properties, LLC</u> | | Mailing Address, City, State & Zip [REDACTED] | Daytime Phone: [REDACTED] |
| Contractor <u>All County Plumbing, LLC</u> | | Business Address, City, State & Zip <u>P.O. Box 522, Battle Ground, WA 98204</u> | Daytime Phone: <u>ext. 232</u> <u>360-883-2506</u> |
| City of Woodland Business License Number <u>22.1</u> | | Washington State Labor & Industries Number and Expiration Date <u>#601-832-520</u> | <u>12-31-15</u> |
| Project Address <u>242 Misty Lane, Woodland, WA</u> | | Subdivision/Legal Description <u>Lot 41, Rivermist</u> | Parcel Number <u>5-04214441</u> |
| Type of Facility: <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Educational <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> _____ | | Work Type: <input type="checkbox"/> Demolish <input type="checkbox"/> Remodel/Alter <input type="checkbox"/> Addition <input checked="" type="checkbox"/> New <input type="checkbox"/> Move <input type="checkbox"/> Repair <input type="checkbox"/> _____ | |

PLUMBING:

Fixtures (or set) on one trap 11

Building or Trailer Park Sewer 1

Rainwater System Drains (inside) _____

Private Sewage System _____

Water Heaters and/or Vents 1

Gas Piping Systems of 1 to 5 vents _____

Gas Piping Systems over 5 vents _____

Industrial Waste Interceptors _____

Installations/Alterations/ Repairs of:

- Water Piping 1
- Water Treating Equipment _____
- Medical Gas Piping _____

Fixtures with drain/vent repairs or alterations _____

Lawn Sprinkler System with Backflow Device 1

Vacuum Breakers not with Sprinkler _____

Backflow Protective Devices to 2" diameter _____

Backflow Protective Devices over 2" diameter _____

MECHANICAL:

Furnace up to 100,000 BTU _____

Furnace over 100,000 BTU _____

Floor Furnace installation or relocation _____

Heater (suspended, recessed or floor) _____

Vent not included with appliance _____

Repair/Alteration/Addition to Appliance _____

Boilers/Compressors to 3hp (heat pump) _____

- from 3 to 15 hp _____
- from 15 to 30 hp _____
- from 30 to 50 hp _____
- over 50 hp _____

Absorption Systems to 100,000 BTU/h _____

- from 100,000 to 500,000 BTU/h _____
- from 500,000 to 1,000,000 BTU/h _____
- from 1,000,000 to 1,750,000 BTU/h _____
- over 1,750,000 BTU/h _____

Air Handling Units up to 10,000 CFM _____

- over 10,000 CFM _____

Evaporative Cooler (non portable) _____

Ventilation Fan w/ single duct _____

Ventilation System (not heat or a/c) .. _____

Hood w/ mechanical exhaust _____

Incinerator, domestic type _____

- commercial or industrial _____

Appliance/Equipment Item (UMC) _____

Fuel-Gas Piping System Outlets _____

Haz. Process Piping System Outlets .. _____

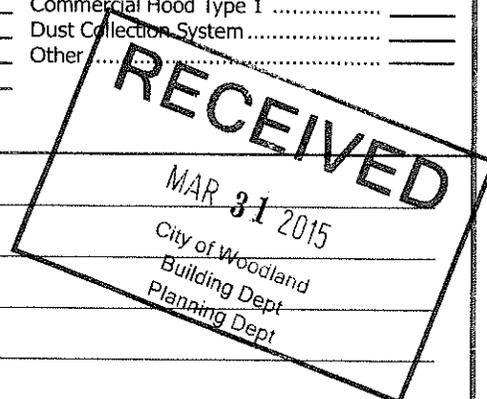
Non-Haz. Proc. Piping System Outlets _____

Commercial Hood Type 1 _____

Dust Collection System _____

Other _____

Describe Project and Specific Use in Detail:



TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PERMIT \$ 5,760.00

I hereby certify that I have read and examined this application and know the same to be true and correct, and if any of the information provided is incorrect, the permit may be revoked.

[REDACTED SIGNATURE]

DATE 4/7/15

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

| | | | | | | | |
|---------------------------|--------------------|--|------------------------|----------------------|-------|--------|---------|
| Project Address/Location: | | <input type="checkbox"/> First Plumbing Permit <input type="checkbox"/> First Mechanical Permit | Permit Type: <u>36</u> | Flood Zone: <u>A</u> | | | |
| Permit Approval | Initial | Date | COMMENTS | | | | |
| Mechanical | | | | | | | |
| Plumbing | <u>[Signature]</u> | <u>4-1-15</u> | | | | | |
| Fire/Life Safety | | | | | | | |
| FEES DUE | Req'd | Amount | Account | FEES DUE | Req'd | Amount | Account |
| Plumbing Permit | | <u>\$199</u> | 001 322 10 00 | Other | | | |
| Mechanical Permit | | | 001 322 10 00 | Other | | | |
| Other | | | | Other | | | |
| Received By: <u>JM</u> | Date <u>4-7-15</u> | Receipt Number <u>100827</u> | Total Due <u>\$199</u> | | | | |

Plumbing & Mechanical Permit Application

City of Woodland, Washington - Building Department
PRINT IN INK OR TYPE - PRESS FIRMLY - DO NOT USE PENCIL

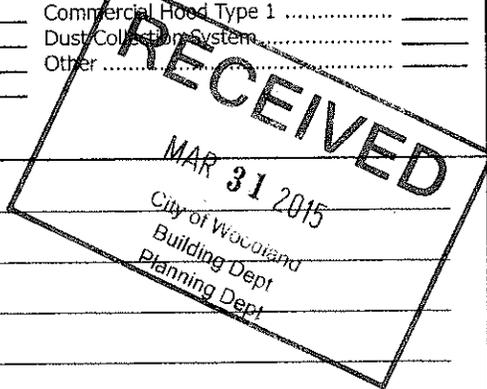
2

FOR OFFICE USE ONLY

Permit No. 215 047
 Date 3/31/15

| | | |
|---|---|--|
| Applicant Name <u>Tuscany Homes, LLC</u> | Title (if owner, state OWNER) [REDACTED] | Daytime Phone: <u>Woodland Telephone</u> |
| Property Owner <u>Bridger Properties, LLC</u> | Mailing Address, City, State & Zip [REDACTED] | Daytime Phone: [REDACTED] |
| Contractor <u>Hendrickson HVAC Services, Inc.</u> | Business Address, City, State & Zip <u>P.O. Box 1810, Battle Ground, WA 98604</u> | Daytime Phone: <u>360-687-2034</u> |
| City of Woodland Business License Number <u>15-00015.5</u> | Washington State Labor & Industries Number and Expiration Date <u># 602-663-783</u> | <u>10-31-15</u> |
| Project Address <u>242 Misty Lane, Woodland, WA</u> | Subdivision/Legal Description <u>Lot 41, Rivermist</u> | Parcel Number <u>5-04214441</u> |
| Type of Facility: <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Educational <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> _____ | Work Type: <input type="checkbox"/> Demolish <input type="checkbox"/> Remodel/Alter <input type="checkbox"/> Addition <input checked="" type="checkbox"/> New <input type="checkbox"/> Move <input type="checkbox"/> Repair <input type="checkbox"/> _____ | |

| PLUMBING: | MECHANICAL: | |
|---|--|--|
| Fixtures (or set) on one trap | Furnace up to 100,000 BTU | Air Handling Units up to 10,000 CFM |
| Building or Trailer Park Sewer | Furnace over 100,000 BTU | • over 10,000 CFM |
| Rainwater System Drains (Inside) | Floor Furnace installation or relocation | Evaporative Cooler (non portable) |
| Private Sewage System | Heater (suspended, recessed or floor) | Ventilation Fan w/ single duct <u>3</u> |
| Water Heaters and/or Vents | Vent not included with appliance | Ventilation System (not heat or a/c) |
| Gas Piping Systems of 1 to 5 vents | Repair/Alteration/Addition to Appliance | Hood w/ mechanical exhaust <u>1</u> |
| Gas Piping Systems over 5 vents | Boilers/Compressors to 3hp (heat pump) | Incinerator, domestic type |
| Industrial Waste Interceptors | • from 3 to 15 hp | • commercial or industrial |
| Installations/Alterations/ Repairs of: | • from 15 to 30 hp | Appliance/Equipment Item (UMC) |
| • Water Piping | • from 30 to 50 hp | Fuel-Gas Piping System Outlets <u>1</u> |
| • Water Treating Equipment | • over 50 hp | Haz. Process Piping System Outlets |
| • Medical Gas Piping | Absorption Systems to 100,000 BTU/h | Non-Haz. Proc. Piping System Outlets |
| Fixtures with drain/vent repairs or alterations | • from 100,000 to 500,000 BTU/h | Commercial Hood Type 1 |
| Lawn Sprinkler System with Backflow Device | • from 500,000 to 1,000,000 BTU/h | Dust Collection System |
| Vacuum Breakers not with Sprinkler | • from 1,000,000 to 1,750,000 BTU/h | Other |
| Backflow Protective Devices to 2" diameter | • over 1,750,000 BTU/h | |
| Backflow Protective Devices over 2" diameter | | |



Describe Project and Specific Use in Detail:

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PERMIT \$ 6,075.00

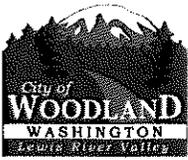
I hereby certify that I have read and examined this application and know the same to be true and correct, and if any of the information provided is incorrect, the permit may be revoked.

 APPLICANT'S SIGNATURE

4/4/15
 DATE

DO NOT WRITE BELOW THIS LINE FOR OFFICE USE

| | | | | | | | |
|---------------------------|--|-------------------------------|-------------------------|----------|-------|--------|---------|
| Project Address/Location: | <input type="checkbox"/> First Plumbing Permit <input type="checkbox"/> First Mechanical Permit | Permit Type: 36 | Flood Zone: A | | | | |
| Permit Approval | Initial | Date | COMMENTS | | | | |
| Mechanical | | <u>4-1-15</u> | | | | | |
| Plumbing | | | | | | | |
| Fire/Life Safety | | | | | | | |
| FEES DUE | Req'd | Amount | Account | FEES DUE | Req'd | Amount | Account |
| Plumbing Permit | | | 001 322 10 00 | Other | | | |
| Mechanical Permit | | <u>\$102</u> | 001 322 10 00 | Other | | | |
| Other | | | | Other | | | |
| Received By: <u>JM</u> | Date: <u>4-7-15</u> | Receipt Number: <u>100828</u> | Total Due <u>\$ 102</u> | | | | |



Commercial & Multifamily Building Permit Application

Building Department, 230 Davidson Ave., Woodland, WA 98674

Phone: (360) 225-7299

PRINT IN INK OR TYPE

(Separate Mechanical & Plumbing Permits Required)

FOR OFFICE USE ONLY

Permit No. 215-048

Date Received: 4/1/15

| | | | |
|---|---|--|----------------------------------|
| APPLICANT | | Name City of Woodland | Phone: (360) 225-7999 |
| Mailing Address, City, State Zip PO Box 9; Woodland, WA 98674 | | Email Address: steppb@ci.woodland.wa.us | |
| PROPERTY OWNER | | Name Same as above | Phone: |
| Mailing Address, City State, Zip | | Email Address: | |
| GENERAL CONTRACTOR | | Business Name Columbia Pacific Construction | Contact Person Adam Helenberg |
| Mailing Address, City State, Zip 175 Hansen Lane; Woodland, WA 98674 | | Phone: 360-225-6323 | |
| City Business License # 86.5 | State Contractors License # COLUMPC905DS | | Email: adam@cpcnw.com |

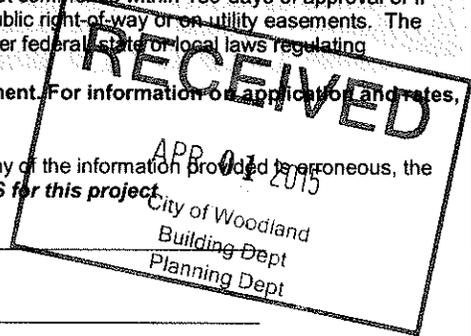
| | | | | | |
|--|--|-----------------|--|--|--|
| PROPERTY ADDRESS 300 E. Scott Avenue; Woodland, WA 98674 | | | | Parcel Number 50623 and 5062302 | |
| Fill & Grade/Excavation with this project? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Total Quantity of Earthwork: _____ CY | | Type of Project | <input type="checkbox"/> New <input type="checkbox"/> Remodel | <input type="checkbox"/> Add On <input type="checkbox"/> Repair | <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Other _____ |
| Occupancy (uses): 2 buildings to be demolished by equipment that previously were used for industrial purposes. | | No. of Units | No. of Bedrooms | No. of Bathrooms 1 | |
| One building has a second story loft, the other building is only 1 story. | | No. of Stories | Building Height | Total Square Feet | |
| <input checked="" type="checkbox"/> Charge all fees to BARS Code #319 000 000 594 18 62 01. <input checked="" type="checkbox"/> | | 1 & 2 | ~ 40' | ~16,000 | |

Describe Project and Specific Use in Detail:
Project consists of completing asbestos abatement and demolishing two large industrial buildings.

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PROJECT \$ 58,880.36 (includes sales tax)

NOTICE: Separate permits and approvals may be required for this project. This permit may expire if work does not commence within 180 days of approval or if work is suspended or abandoned for a period of 180 days. Issuance of a permit does not authorize any work in public right-of-way or on utility easements. The granting of a permit or an approval does not presume to give authority to violate or cancel the provision of any other federal, state or local laws regulating construction, the performance of construction, and/or operation of the project. Utility service requests and associated fees are processed by the City of Woodland Public Works Department. For information on application and rates, contact (360) 225-7999.

I hereby certify that I have read and examined this application and know the same to be true and correct, and if any of the information provided is erroneous, the permit or approval may be revoked. **It is the responsibility of the applicant to arrange for ANY INSPECTIONS for this project.**



| | |
|-------------------------------------|----------------|
| Owner's Signature [Redacted] | Date 4/1/15 |
| Applicant's Signature [Redacted] | Date 4/1/15 |

DO NOT WRITE BELOW - FOR OFFICE USE ONLY

| | | | |
|------------------------------------|-------------------------|------------------------|----------------------|
| Comments: Application Complete: | Zone: <u>I-I</u> | Permit Type: <u>40</u> | Flood Zone: <u>B</u> |
| Approvals | Initial | Date | Comments |
| Civil Plans | | | |
| Planning Department | | | |
| Drainage/Erosion Control | | | |
| Fire/Life Safety | | | |
| Building | | <u>4-8-15</u> | |
| Fees Due | Amount | Account | Fees Due |
| Building Permit | <u>\$55 x 2 = \$110</u> | 001 322 10 00 | Fire Impact Fees |
| Plan Review Pre-payment | | 001 322 10 20 | Park Impact Fees |
| Plan Review Balance | | 001 322 10 20 | Roadway Access |
| Surcharge | <u>4.50</u> | 001 322 10 00 | TOTAL |
| Grading/Excavating | | 001 322 10 00 | Amount |
| Floodplain Mgt. | | 001 345 89 00 | Date |
| School Impact Fees | | 650 345 85 00 | Initial |
| Transp. Impact Fees | | 353 345 85 00 | |
| | | | <u>100855</u> |
| | | | <u>\$114.50</u> |
| | | | <u>4-10-15</u> |
| | | | <u>LC</u> |
| | | | <u>4-10-15</u> |
| | | | <u>LC</u> |

Plumbing & Mechanical Permit Application

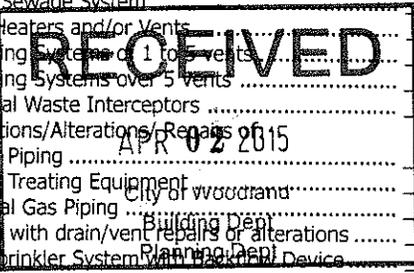
City of Woodland, Washington - Building Department
PRINT IN INK OR TYPE - PRESS FIRMLY - DO NOT USE PENCIL

FOR OFFICE USE ONLY
 Permit No. 215-049
 Date 4/2/15

| | | |
|--|---|---|
| Applicant Name <small>REQUIRED</small> MIKE BOSTER | Title (if owner, state OWNER) MAINT. MANAGER | Daytime Phone: [REDACTED] |
| Property Owner <small>REQUIRED</small> WOODLAND PARTS LLC | Mailing Address, City, State & Zip [REDACTED] | Daytime Phone: [REDACTED] |
| Contractor <small>REQUIRED</small> DIVERSIFIED MECHANICAL SERVICES | Business Address, City, State & Zip 2019 M REYNOLDS RD KASO, WA 98626 | Daytime Phone: 360-577-6604 |
| City of Woodland Business License Number <small>REQUIRED</small> PENDING | Washington State Labor & Industries Number and Expiration Date <small>REQUIRED</small> PLVERMS95558 4-28-15 | |
| Project Address <small>REQUIRED</small> 211 5TH ST. WOODLAND WA 98674 | Subdivision/Legal Description <small>REQUIRED</small> PARCELS | Parcel Number <small>REQUIRED</small> 5-0680008 |

Type of Facility: Residential Commercial Educational Work Type: Demolish Remodel/Alter Addition

| | |
|--|--|
| PLUMBING: Fixtures (or set) on one trap Building or Trailer Park Sewer Rainwater System Drains (inside) Private Sewage System Water Heaters and/or Vents Gas Piping Systems of 1 to 5 vents Gas Piping Systems over 5 vents Industrial Waste Interceptors Installations/Alterations/Repairs • Water Piping • Water Treating Equipment • Medical Gas Piping Fixtures with drain/vent repairs or alterations Lawn Sprinkler System with Backflow Device Vacuum Breakers not with Sprinkler Backflow Protective Devices to 2" diameter Backflow Protective Devices over 2" diameter | MECHANICAL: Furnace up to 100,000 BTU Furnace over 100,000 BTU Floor Furnace installation or relocation Heater (suspended, recessed or floor) Vent not included with appliance Repair/Alteration/Addition to Appliance Boilers/Compressors to 3hp (heat pump) • from 3 to 15 hp • from 15 to 30 hp • from 30 to 50 hp • over 50 hp Absorption Systems to 100,000 BTU/h • from 100,000 to 500,000 BTU/h • from 500,000 to 1,000,000 BTU/h • from 1,000,000 to 1,750,000 BTU/h • over 1,750,000 BTU/h Air Handling Units up to 10,000 CFM • over 10,000 CFM Evaporative Cooler (non portable) Ventilation Fan w/ single duct Ventilation System (not heat or a/c) Hood w/ mechanical exhaust Incinerator, domestic type • commercial or industrial Appliance/Equipment Item (UMC) Fuel-Gas Piping System Outlets Haz. Process Piping System Outlets Non-Haz. Proc. Piping System Outlets Commercial Hood Type 1 Dust Collection System Other |
|--|--|



Describe Project and Specific Use in Detail: INSTALL NEW 2" LINE FOR INCINERATOR
6#; SH. 40 BLACE WITH SHUTOFF VALVE

PAID
APR 02 2015

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PERMIT \$ REQUIRED CITY OF WOODLAND

I hereby certify that I have read and examined this application and know the same to be true and correct, and if any of the information provided is incorrect, the permit may be revoked.

[REDACTED] APPLICANT'S SIGNATURE REQUIRED 3-31-15 DATE REQUIRED

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

| | | | |
|---------------------------|--|---------------------------|----------------------|
| Project Address/Location: | <input type="checkbox"/> First Plumbing Permit <input type="checkbox"/> First Mechanical Permit | Permit Type: 36 | Flood Zone: B |
|---------------------------|--|---------------------------|----------------------|

| Permit Approval | Initial | Date | COMMENTS |
|------------------|-------------|--------|---------------------------|
| Mechanical | [Signature] | 4-2-15 | IMC, 2012 Ed. + IBC, 2012 |
| Plumbing | [Signature] | | |
| Fire/Life Safety | | | |

| FEES DUE | Req'd | Amount | Account | FEES DUE | Req'd | Amount | Account |
|------------------------|-------|---------------------|-------------------------------|----------|---------------------------|--------|---------|
| Plumbing Permit | | | 001 322 10 00 | Other | | | |
| Mechanical Permit | | \$60.00 | 001 322 10 00 | Other | | | |
| Other | | | | Other | | | |
| Received By: <u>JM</u> | | Date: <u>4-2-15</u> | Receipt Number: <u>100754</u> | | Total Due: <u>\$60.00</u> | | |



Commercial & Multifamily Building Permit Application

Building Department, 230 Davidson Ave., Woodland, WA 98674

Phone: (360) 225-7299

PRINT IN INK OR TYPE

(Separate Mechanical & Plumbing Permits Required)

FOR OFFICE USE ONLY

Permit No. 215-050

Date Received: 4/7/15

| | | |
|--|--|--------------------------------------|
| APPLICANT | Name ADVANCED ELECTRIC SIGN | Phone: 225 6826 |
| Mailing Address, City, State Zip | 1550 DOWN RIVER DRIVE WOODLAND WA | Email Address: |
| PROPERTY OWNER | Name LINEAGE | Phone: |
| Mailing Address, City, State, Zip | [REDACTED] | Email Address: |
| GENERAL CONTRACTOR | Business Name ADVANCED ELECTRIC SIGN | Contact Person STEVE SLACK |
| Mailing Address, City, State, Zip | 1550 DOWN RIVER DRIVE WOODLAND WA | Phone: 225 6826 |
| City Business License # 000015.3 | State Contractors License # ADVANES07166 | Email: |
| Property Address 1625 DOWN RIVER DR. | Parcel Number 50598 | |

Fill & Grade/Excavation with this project? Yes No Total Quantity of Earthwork: CY

Type of Project: New Add On Demolition
 Remodel Repair Other

| | | | |
|-------------------|----------------|-----------------|--------------------|
| Occupancy (uses): | No. of Units | No. of Bedrooms | No. of Bathrooms |
| | | | |
| | No. of Stories | Building Height | Total Square Feet: |
| | | | |

Describe Project and Specific Use in Detail: **REMOVE EXISTING BUILDING SIGN
INSTALL NEW BUILDING SIGN**

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PROJECT : 1500.00

NOTICE: Separate permits and approvals may be required for this project. This permit may expire if work does not commence within 180 days of approval or if work is suspended or abandoned for a period of 180 days. Issuance of a permit does not authorize any work in public right-of-way or on utility easements. The granting of a permit or an approval does not presume to give authority to violate or cancel the provision of any other federal, state or local laws regulating construction, the performance of construction and operation of the project. Utility service requests and associated fees are processed by the City of Woodland Public Works Department. For information on application and rates, contact (360) 225-7999.

I hereby certify that I have read and examined this application and know the same to be true and correct, and if any of the information provided is erroneous the permit or approval may be revoked. It is the responsibility of the applicant to arrange for ANY INSPECTIONS for this project

Owner's Signature: [REDACTED] Date: 5-7-15

Applicant's Signature: [REDACTED] Date: 5-7-15

PAID
APR 14 2015
CITY OF WOODLAND

DO NOT WRITE BELOW - FOR OFFICE USE ONLY

Setbacks: Front: Side: Back: Zone: I-2 Permit Type: 35 Flood Zone: B

| Approvals | Initial | Date | Comments | | | |
|--------------------------|-----------------|----------------|------------------|-----------------|--------------------|--|
| Civil Plans | | | | | | |
| Planning Department | <u>all</u> | <u>4/10/15</u> | | | | |
| Drainage/Erosion Control | | | | | | |
| Fire/Life Safety | | | | | | |
| Building | <u>SP</u> | <u>4-14-15</u> | | | | |
| Fees Due | Amount | Account | Fees Due | Amount | Account | |
| Building Permit | <u>\$100.00</u> | 001 322 10 00 | Fire Impact Fees | | 351 345 85 00 | |
| Plan Review Pre-payment | | 001 322 10 20 | Park Impact Fees | | 352 345 85 00 | |
| Plan Review Balance | | 001 322 10 20 | Roadway Access | | 104 322 40 00 | |
| Surcharge | <u>\$4.50</u> | 001 322 10 00 | TOTAL | <u>\$104.50</u> | | |
| Grading/Excavating | | 001 322 10 00 | Receipt Number | Amount | Date | |
| Floodplain Mgt. | | 001 345 89 00 | <u>100886</u> | <u>104.50</u> | <u>4-14-15</u> | |
| School Impact Fees | | 350 345 85 00 | | | Initial: <u>JM</u> | |
| Transp. Impact Fees | | 353 345 85 00 | | | | |

Plumbing & Mechanical Permit Application

City of Woodland, Washington - Building Department
PRINT IN INK OR TYPE - PRESS FIRMLY - DO NOT USE PENCIL

2

FOR OFFICE USE ONLY
 Permit No. 215-051
 Date 4/8/15

| | | |
|---|--|---------------------------------------|
| Applicant Name PLUMBING SYSTEMS SOLUTIONS INC | Title (if owner, state OWNER) OWNER | Daytime Phone: 360-225-8586 |
| Property Owner WOODLAND ACTION CENTER | Mailing Address, City, State & Zip [REDACTED] | Daytime Phone: [REDACTED] |
| Contractor PLUMBING SYSTEMS SOLUTIONS INC | Business Address, City, State & Zip [REDACTED] | Daytime Phone: [REDACTED] |
| City of Woodland Business License Number | Washington State Labor & Industries Number and Expiration Date PLUMBS 902 LD | |
| Project Address 736 DAVIDSON AVE | Subdivision/Legal Description | Parcel Number 5-0143 |

Type of Facility: Residential Commercial Educational
 Industrial Institutional _____

Work Type: Demolish Remodel/Alter Addition
 New Move Repair _____

| PLUMBING: | MECHANICAL: | |
|---|--|--|
| Fixtures (or set) on one trap | Furnace up to 100,000 BTU | Air Handling Units up to 10,000 CFM |
| Building or Trailer Park Sewer | Furnace over 100,000 BTU | • over 10,000 CFM |
| Rainwater System Drains (inside) | Floor Furnace installation or relocation | Evaporative Cooler (non portable) |
| Private Sewage System | Heater (suspended, recessed or floor) | Ventilation Fan w/ single duct |
| Water Heaters and/or Vents | Vent not included with appliance | Ventilation System (not heat or a/c) |
| Gas Piping Systems of 1 to 5 vents | Repair/Alteration/Addition to Appliance | Hood w/ mechanical exhaust |
| Gas Piping Systems over 5 vents | Boilers/Compressors to 3hp (heat pump) | Incinerator, domestic type |
| Industrial Waste Interceptors | • from 3 to 15 hp | • commercial or industrial |
| Installations/Alterations/ Repairs of: | • from 15 to 30 hp | Appliance/Equipment Item (UMC) |
| • Water Piping | • from 30 to 50 hp | Fuel-Gas Piping System Outlets |
| • Water Treating Equipment | • over 50 hp | Haz. Process Piping System Outlets |
| • Medical Gas Piping | Absorption Systems to 100,000 BTU/h | Non-Haz. Proc. Piping System Outlets |
| Fixtures with drain/vent repairs or alterations | • from 100,000 to 500,000 BTU/h | Commercial Hood Type 1 |
| Lawn Sprinkler System with Backflow Device | • from 500,000 to 1,000,000 BTU/h | Dust Collection System |
| Vacuum Breakers not with Sprinkler | • from 1,000,000 to 1,750,000 BTU/h | Other |
| Backflow Protective Devices to 2" diameter | • over 1,750,000 BTU/h | |
| Backflow Protective Devices over 2" diameter | | |

Describe Project and Specific Use in Detail:

PAID

APR 08 2015

CITY OF WOODLAND

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PERMIT \$ _____

I hereby certify that I have read and examined this application and know the same to be true and correct, and if any of the information provided is incorrect, the permit may be revoked.

APPLICANT'S SIGNATURE

4-8-15
 DATE

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

| | | | | | | | |
|---------------------------|---------|--|-------------------------------|---------------------------|----------------------|--------|---------|
| Project Address/Location: | | <input type="checkbox"/> First Plumbing Permit <input type="checkbox"/> First Mechanical Permit | | Permit Type: 36 | Flood Zone: B | | |
| Permit Approval | Initial | Date | COMMENTS | | | | |
| Mechanical | | | | | | | |
| Plumbing | | 4-8-15 | | | | | |
| Fire/Life Safety | | | | | | | |
| FEES DUE | Req'd | Amount | Account | FEES DUE | Req'd | Amount | Account |
| Plumbing Permit | | 50.00 | 001 322 10 00 | Other | | | |
| Mechanical Permit | | | 001 322 10 00 | Other | | | |
| Other | | | | Other | | | |
| Received By: | Date | 4-8-15 | Receipt Number: 100832 | Total Due \$ 50.00 | | | |

Plumbing & Mechanical Permit Application
 City of Woodland, Washington - Building Department
 PRINT IN INK OR TYPE - PRESS FIRMLY - DO NOT USE PENCIL

FO. **OFFICE USE ONLY**
 Permit No. 215-052
 Date 4/13/15

Applicant Name: Miller's Heating & Air Title (if owner, state OWNER): _____ Daytime Phone: 360-695-6500
 Property Owner: Nancy Harmon Mailing Address: _____ City, State & Zip: _____ Daytime Phone: _____
 Contractor: Miller's Heating & Air Business Address: 4109 NE Hwy 99 Vancouver Daytime Phone: 360-695-6500
 City of Woodland Business License Number: 000017.2 Washington State Labor & Industries Number and Expiration Date: MILLEHA865PA 10/30/2016
 Project Address: 361 Fir Ave Subdivision/Legal Description: Greenwood BLK Parcel Number: 5-0235050
 Type of Facility: Residential Commercial Educational Industrial Institutional _____
 Work Type: Demolish Remodel/Alter Addition Repair New Move _____

PLUMBING:
 Fixtures (or set) on one trap _____
 Building or Trailer Park Sewer _____
 Rainwater System Drains (inside) _____
 Private Sewage System _____
 Water Heaters and/or Vents _____
 Gas Piping Systems of 1 to 5 vents _____
 Gas Piping Systems over 5 vents _____
 Industrial Waste Interceptors _____
 Installations/Alterations/ Repairs of:
 • Water Piping _____
 • Water Treating Equipment _____
 • Medical Gas Piping _____
 Fixtures with drain/vent repairs or alterations _____
 Lawn Sprinkler System with Backflow Device _____
 Vacuum Breakers not with Sprinkler _____
 Backflow Protective Devices to 2" diameter _____
 Backflow Protective Devices over 2" diameter _____

MECHANICAL:
 Furnace up to 100,000 BTU _____
 Furnace over 100,000 BTU _____
 Floor Furnace installation or relocation _____
 Heater (suspended, recessed or floor) _____
 Vent not included with appliance _____
 Repair/Alteration/Addition to Appliance _____
 Boilers/Compressors to 3hp (heat pump) _____
 • from 3 to 15 hp _____
 • from 15 to 30 hp _____
 • from 30 to 50 hp _____
 • over 50 hp _____
 Absorption Systems to 100,000 BTU/h _____
 • from 100,000 to 500,000 BTU/h _____
 • from 500,000 to 1,000,000 BTU/h _____
 • from 1,000,000 to 1,750,000 BTU/h _____
 • over 1,750,000 BTU/h _____
 Air Handling Units up to 10,000 CFM _____
 • over 10,000 CFM _____
 Evaporative Cooler (non portable) _____
 Ventilation Fan w/ single duct _____
 Ventilation System (not heat or a/c) _____
 Hood w/ mechanical exhaust _____
 Incinerator, domestic type _____
 • commercial or industrial _____
 Appliance/Equipment Item (UMC) _____
 Fuel-Gas Piping System Outlets _____
 Haz. Process Piping System Outlets _____
 Non-Haz. Proc. Piping System Outlets _____
 Commercial Hood Type 1 _____
 Dust Collection System _____
 Other _____

PAID
APR 15 2015
 CITY OF WOODLAND

Describe Project and Specific Use in Detail:
Installing A new 3 ton heat pump with
A 3 ton 15KW Electric Furnace

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PERMIT \$ 10,500.

I hereby certify that I have read and examined this application and know the same to be true and correct, and if any of the information provided is incorrect, the permit may be revoked.

 APPLICANT'S SIGNATURE DATE 4/12/15

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Project Address/Location: _____ [] First Plumbing Permit [] First Mechanical Permit Permit Type: 36 Flood Zone: A

| | | | |
|------------------|--------------------|----------------|----------|
| Permit Approval | Initial | Date | COMMENTS |
| Mechanical | <u>[Signature]</u> | <u>4-14-15</u> | |
| Plumbing | | | |
| Fire/Life Safety | | | |

| FEES DUE | Req'd | Amount | Account | FEES DUE | Req'd | Amount | Account |
|-------------------|-------|-----------------|---------------|----------|-------|--------|---------|
| Plumbing Permit | | | 001 322 10 00 | Other | | | |
| Mechanical Permit | | <u>\$105.00</u> | 001 322 10 00 | Other | | | |
| Other | | | | Other | | | |

Received By: JM Date 4-15-15 Receipt Number 100889 Total Due \$105.00



Commercial & Multifamily Building Permit Application

Building Department, 230 Davidson Ave., Woodland, WA 98674

Phone: (360) 225-7299

PRINT IN INK OR TYPE

(Separate Mechanical & Plumbing Permits Required)

FOR OFFICE USE ONLY

Permit No. 215-053

Date Received: 4/14/15

| | | | |
|---|--|--|---|
| APPLICANT | | Name <u>ADVANCED ELECTRIC SIGN</u> | Phone: <u>360.225-6826</u> |
| Mailing Address, City, State Zip <u>1550 DOWNRIVER DR WOODLAND WA 98674</u> | | Email Address: | |
| PROPERTY OWNER | | Name <u>WOODLAND VET</u> | Phone: [REDACTED] |
| Mailing Address, City State, Zip [REDACTED] | | Email Address: | |
| GENERAL CONTRACTOR | | Business Name <u>ADVANCED ELECTRIC SIGN</u> | Contact Person <u>MICHAEL BOYD</u> |
| Mailing Address, City State, Zip <u>1550 DOWNRIVER DR WOODLAND, WA</u> | | Phone: <u>360.225.6826</u> | |
| City Business License # | | State Contractors License # <u>ADVANE5002BS</u> | Email: |
| PROPERTY ADDRESS <u>1840 BELMONT LOOP</u> | | Parcel Number <u>5-04211603</u> | |
| Fill & Grade/Excavation with this project? Yes [] No <input checked="" type="checkbox"/> Total Quantity of Earthwork: <u>CY</u> | | Type of Project | [] New [] Add On [] Demolition [] Remodel [] Repair <input checked="" type="checkbox"/> Other <u>SIGN</u> |
| Occupancy (uses): | | No. of Units | No. of Bedrooms |
| | | No. of Bathrooms | |
| | | No. of Stories | Building Height |
| | | Total Square Feet | |

Describe Project and Specific Use in Detail: INSTALL (1) 32' x 8' NON-ILLUMINATED BLDG SIGN
INSTALL (1) 49 1/2" x 72" ILLUMINATED CABINET ON EXISTING SIGN BASE

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PROJECT \$ 5000

NOTICE: Separate permits and approvals may be required for this project. This permit may expire if work does not commence within 180 days of approval or if work is suspended or abandoned for a period of 180 days. Issuance of a permit does not authorize any work in public right-of-way or on utility easements. The granting of a permit or an approval does not presume to give authority to violate or cancel the provision of any other federal, state or local laws regulating construction, the performance of construction, and/or operation of the project. Utility service requests and associated fees are processed by the City of Woodland Public Works Department. For information on application and rates, contact (360) 225-7999.

I hereby certify that I have read and examined this application and know the same to be true and correct, and if any of the information provided is false, the permit or approval may be revoked. *It is the responsibility of the applicant to arrange for ANY INSPECTIONS for this project.*

Owner's Signature

Date

PAID
APR 27 2015

Applicant's Signature

Date

4/14/15
CITY OF WOODLAND

DO NOT WRITE BELOW - FOR OFFICE USE ONLY

| | | | | |
|------------------------------------|--------------|------------------|------------------------|----------------------|
| Comments: Application Complete: | | Zone: <u>C-2</u> | Permit Type: <u>35</u> | Flood Zone: <u>B</u> |
| Approvals | Initial | Date | Comments | |
| Civil Plans | | | | |
| Planning Department | <u>AW</u> | <u>4/23/15</u> | | |
| Drainage/Erosion Control | | | | |
| Fire/Life Safety | | | | |
| Building | <u>BA</u> | <u>4-23-15</u> | | |
| Fees Due | Amount | Account | Fees Due | Amount |
| Building Permit | <u>\$175</u> | 001 322 10 00 | Fire Impact Fees | 351 345 85 00 |
| Plan Review Pre-payment | | 001 322 10 20 | Park Impact Fees | 352 345 85 00 |
| Plan Review Balance | | 001 322 10 20 | Roadway Access | 104 322 40 00 |
| Surcharge | <u>4.50</u> | 001 322 10 00 | TOTAL | \$179.50 |
| Grading/Excavating | | 001 322 10 00 | Receipt Number | Amount |
| Floodplain Mgt. | | 001 345 89 00 | <u>100976</u> | <u>\$179.50</u> |
| School Impact Fees | | 350 345 85 00 | Date | Initial |
| Transp. Impact Fees | | 353 345 85 00 | <u>4-27-15</u> | <u>SM</u> |



Commercial & Multifamily Building Permit Application

Building Department, 230 Davidson Ave., Woodland, WA 98674

Phone: (360) 225-7299

PRINT IN INK OR TYPE

(Separate Mechanical & Plumbing Permits Required)

FOR OFFICE USE ONLY

Permit No. 215-054

Date Received: 4/14/15

| | | | | | | |
|---|---------------|---|---|-----------------|----------------|-----------|
| APPLICANT | | Name: <u>The Promise Church / Aaron Christensen</u> | Phone: [REDACTED] | | | |
| Mailing Address, City, State Zip | | [REDACTED] | Email Address: [REDACTED] | | | |
| PROPERTY OWNER | | Name: <u>The Promise Church</u> | Phone: [REDACTED] | | | |
| Mailing Address, City State, Zip | | [REDACTED] | Email Address: [REDACTED] | | | |
| GENERAL CONTRACTOR | | Business Name: <u>All About Construction, LLC</u> | Contact Person: <u>Roger Hoyt</u> | | | |
| Mailing Address, City State, Zip | | <u>358 Insel Rd, Woodland, WA 98674</u> | Phone: <u>360-773-8850</u> | | | |
| City Business License # | | State Contractors License # <u>ALLABAC 873RR</u> | Email: <u>roger.allaboutconstruction@gmail.com</u> | | | |
| PROPERTY ADDRESS | | <u>101 Hillshire Dr., Woodland</u> | Parcel Number <u>50642</u> | | | |
| Fill & Grade/Excavation with this project? Yes [] No [x] Total Quantity of Earthwork: <u> </u> CY | | Type of Project | [] New [] Add On [] Demolition [x] Remodel [] Repair [] Other | | | |
| Occupancy (uses): <u>Daycare / Learning Center</u> | | No. of Units | No. of Bedrooms | | | |
| | | | No. of Bathrooms <u>2</u> | | | |
| | | No. of Stories <u>1</u> | Building Height | | | |
| | | | Total Square Feet <u>1200</u> | | | |
| Describe Project and Specific Use in Detail: <u>We will be remodeling a portion of the upstairs to house a daycare. Removing and adding a few walls and adding two bathrooms.</u> | | | | | | |
| TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PROJECT \$ <u>25,000</u> | | | | | | |
| <p>NOTICE: Separate permits and approvals may be required for this project. This permit may expire if work does not commence within 180 days of approval or if work is suspended or abandoned for a period of 180 days. Issuance of a permit does not authorize any work in public right-of-way or on utility easements. The granting of a permit or an approval does not presume to give authority to violate or cancel the provision of any other federal, state or local laws regulating construction, the performance of construction, and/or operation of the project.</p> <p>Utility service requests and associated fees are processed by the City of Woodland Public Works Department. For information on application and rates, contact (360) 225-7999.</p> | | | | | | |
| I hereby certify that I have read and examined this application and know the same to be true and correct, and if any of the information provided is erroneous, the permit or approval may be revoked. It is the responsibility of the applicant to arrange for ANY INSPECTIONS for this project. | | | | | | |
| Owner's Signature: [REDACTED] | | Date: <u>4-14-15</u> | PAID | | | |
| Applicant's Signature: [REDACTED] | | Date: <u>4-14-15</u> | APR 27 2015 | | | |
| DO NOT WRITE BELOW - FOR OFFICE USE ONLY | | | | | | |
| Comments: Application Complete: | | Zone: <u>HDR</u> | Permit Type: <u>12</u> Flood Zone: <u>A</u> | | | |
| Approvals | Initial | Date | Comments | | | |
| Civil Plans | | | | | | |
| Planning Department | <u>AK</u> | <u>4/16/15</u> | <u>ACWP-214-928 issued 8/25/11</u> | | | |
| Drainage/Erosion Control | | | | | | |
| Fire/Life Safety | | | | | | |
| Building | | | | | | |
| Fees Due | Amount | Account | Fees Due Amount Account | | | |
| Building Permit | <u>391.25</u> | 001 322 10 00 | Fire Impact Fees | | 351 345 85 00 | |
| Plan Review Pre-payment | | 001 322 10 20 | Park Impact Fees | | 352 345 85 00 | |
| Plan Review Balance | <u>254.31</u> | 001 322 10 20 | Roadway Access | | 104 322 40 00 | |
| Surcharge | <u>4.50</u> | 001 322 10 00 | TOTAL | <u>\$650.06</u> | | |
| Grading/Excavating | | 001 322 10 00 | Receipt Number | Amount | Date | Initial |
| Floodplain Mgt. | | 001 345 89 00 | <u>100979</u> | <u>\$650.06</u> | <u>4-27-15</u> | <u>JM</u> |
| School Impact Fees | | 350 345 85 00 | | | | |
| Transp. Impact Fees | | 353 345 85 00 | | | | |

Plumbing & Mechanical Permit Application
 City of Woodland, Washington - Building Department
 PRINT IN INK OR TYPE - PRESS FIRMLY - DO NOT USE PENCIL

FOR OFFICE USE ONLY
 Permit No. 215-055
 Date 4/14/15

| | | |
|---|---|---|
| Applicant Name (REQUIRED) <u>Avron Christopherson</u> | Title (if owner, state OWNER) <u>Treasurer</u> | Daytime Phone: [REDACTED] |
| Property Owner (REQUIRED) <u>The Promise Church</u> | Mailing Address, City, State & Zip [REDACTED] | Daytime Phone: [REDACTED] |
| Contractor (REQUIRED) <u>All About Construction, LLC</u> | Business Address, City, State & Zip <u>358 Insel Rd., Woodland, WA 98674</u> | Daytime Phone: <u>360-773-8850</u> |
| City of Woodland Business License Number (REQUIRED) | Washington State Labor & Industries Number and Expiration Date (REQUIRED) <u>603-326-793</u> <u>12/19/15</u> | |
| Project Address (REQUIRED) <u>101 Hillshire Drive</u> | Subdivision/Legal Description (REQUIRED) <u>Woodland Outlot Blk</u> | Parcel Number (REQUIRED) <u>5-0642</u> |

Type of Facility: Residential Commercial Educational Industrial Institutional Church

Work Type: Demolish Remodel/Alter Addition New Move Repair _____

| PLUMBING: | MECHANICAL: |
|---|--|
| Fixtures (or set) on one trap <u>4</u> | Furnace up to 100,000 BTU |
| Building or Trailer Park Sewer | Furnace over 100,000 BTU |
| Rainwater System Drains (inside) | Floor Furnace Installation or relocation |
| Private Sewage System | Heater (suspended, recessed or floor) |
| Water Heaters and/or Vents | Vent not included with appliance |
| Gas Piping Systems of 1 to 5 vents | Repair/Alteration/Addition to Appliance |
| Gas Piping Systems over 5 vents | Boilers/Compressors to 3hp (heat pump) |
| Industrial Waste Interceptors | • from 3 to 15 hp |
| Installations/Alterations/ Repairs of: | • from 15 to 30 hp |
| • Water Piping | • from 30 to 50 hp |
| • Water Treating Equipment | • over 50 hp |
| • Medical Gas Piping | Absorption Systems to 100,000 BTU/h |
| Fixtures with drain/vent repairs or alterations | • from 100,000 to 500,000 BTU/h |
| Lawn Sprinkler System with Backflow Device | • from 500,000 to 1,000,000 BTU/h |
| Vacuum Breakers not with Sprinkler | • from 1,000,000 to 1,750,000 BTU/h |
| Backflow Protective Devices to 2" diameter | • over 1,750,000 BTU/h |
| Backflow Protective Devices over 2" diameter | Air Handling Units up to 10,000 CFM |
| | • over 10,000 CFM |
| | Evaporative Cooler (non portable)..... |
| | Ventilation Fan w/ single duct |
| | Ventilation System (not heat or a/c) .. |
| | Hood w/ mechanical exhaust..... |
| | Incinerator, domestic type |
| | • commercial or industrial |
| | Appliance/Equipment Item (UMC)..... |
| | Fuel-Gas Piping System Outlets |
| | Haz. Process Piping System Outlets .. |
| | Non-Haz. Proc. Piping System Outlets .. |
| | Commercial Hood Type 1 |
| | Dust Collection System |
| | Other |

Describe Project and Specific Use in Detail: We will be constructing a daycare in the upstairs of the church. We will be adding two new bathrooms.

4 FIXTURES

PAID

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PERMIT \$ 25,000 APR 27 2015

I hereby certify that I have read and examined this application and know the same to be true and correct, and if any of the information provided is incorrect, the permit may be revoked.

CITY OF WOODLAND

APPLICANT'S SIGNATURE [REDACTED] DATE 4-14-15

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

| | | | |
|--|--|------------------------------|--------------------------|
| Project Address/Location: | <input type="checkbox"/> First Plumbing Permit | Permit Type: <u>36</u> | Flood Zone: <u>A</u> |
| <input type="checkbox"/> First Mechanical Permit | | | |
| Permit Approval | Initial | Date | COMMENTS |
| Mechanical | | | |
| Plumbing | <u>[Signature]</u> | <u>4-15-15</u> | |
| Fire/Life Safety | | | |
| FEES DUE | Req'd | Amount | Account |
| Plumbing Permit | | <u>\$80.00</u> | 001 322 10 00 |
| Mechanical Permit | | | 001 322 10 00 |
| Other | | | |
| Other | | | |
| Received By: <u>JM</u> | Date <u>4-27-15</u> | Receipt Number <u>100978</u> | Total Due <u>\$80.00</u> |

Plumbing & Mechanical Permit Application
 City of Woodland, Washington - Building Department
PRINT IN INK OR TYPE - PRESS FIRMLY - DO NOT USE PENCIL

FOR OFFICE USE ONLY
 Permit No. 215-056
 Date 4/15/15

| | | | |
|--|--|---|------------------------------------|
| Applicant Name | | Title (if owner, state OWNER) <u>Owner</u> | Daytime Phone: |
| Property Owner <u>Larry Garcia</u> | | Mailing Address, City, State & Zip [REDACTED] | Daytime Phone: |
| Contractor <u>Garcia Heating & Air</u> | | Business Address, City, State & Zip <u>Sumi</u> | Daytime Phone: |
| City of Woodland Business License Number <u>Pending</u> | | Washington State Labor & Industries Number and Expiration Date <u>Van CO HA 901 JM</u> | |
| Project Address <u>1924 Belmont</u> | | Subdivision/Legal Description | Parcel Number <u>5-04211610</u> |

Type of Facility: Residential Commercial Educational
 Industrial Institutional _____

Work Type: Demolish Remodel/Alter Addition
 New Move Repair _____

| | |
|---|--|
| PLUMBING: | MECHANICAL: |
| Fixtures (or set) on one trap _____ | Furnace up to 100,000 BTU <u>✓</u> |
| Building or Trailer Park Sewer _____ | Furnace over 100,000 BTU _____ |
| Rainwater System Drains (inside) _____ | Floor Furnace installation or relocation _____ |
| Private Sewage System _____ | Heater (suspended, recessed or floor) _____ |
| Water Heaters and/or Vents _____ | Vent not included with appliance _____ |
| Gas Piping Systems of 1 to 5 vents _____ | Repair/Alteration/Addition to Appliance _____ |
| Gas Piping Systems over 5 vents _____ | Boilers/Compressors to 3hp (heat pump) _____ |
| Industrial Waste Interceptors _____ | • from 3 to 15 hp _____ |
| Installations/Alterations/ Repairs of: | • from 15 to 30 hp _____ |
| • Water Piping _____ | • from 30 to 50 hp _____ |
| • Water Treating Equipment _____ | • over 50 hp _____ |
| • Medical Gas Piping _____ | Absorption Systems to 100,000 BTU/h _____ |
| Fixtures with drain/vent repairs or alterations _____ | • from 100,000 to 500,000 BTU/h _____ |
| Lawn Sprinkler System with Backflow Device _____ | • from 500,000 to 1,000,000 BTU/h _____ |
| Vacuum Breakers not with Sprinkler _____ | • from 1,000,000 to 1,750,000 BTU/h _____ |
| Backflow Protective Devices to 2" diameter _____ | • over 1,750,000 BTU/h _____ |
| Backflow Protective Devices over 2" diameter _____ | Air Handling Units up to 10,000 CFM <u>✓</u> |
| | • over 10,000 CFM _____ |
| | Evaporative Cooler (non portable) _____ |
| | Ventilation Fan w/ single duct _____ |
| | Ventilation System (not heat or a/c) _____ |
| | Hood w/ mechanical exhaust _____ |
| | Incinerator, domestic type _____ |
| | • commercial or industrial _____ |
| | Appliance/Equipment Item (UMC) _____ |
| | Fuel-Gas Piping System Outlets _____ |
| | Haz. Process Piping System Outlets _____ |
| | Non-Haz. Proc. Piping System Outlets _____ |
| | Commercial Hood Type 1 _____ |
| | Dust Collection System PAID _____ |
| | Other _____ |

APR 15 2015

Describe Project and Specific Use in Detail:

CITY OF WOODLAND

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PERMIT \$ _____

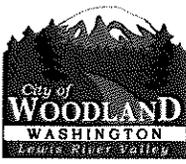
I hereby certify that I have read and examined this application and know the same to be true and correct, and if any of the information provided is incorrect, the permit may be revoked.

[REDACTED SIGNATURE]

APPLICANT'S SIGNATURE _____ DATE 4/15/15

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

| | | | | | | | |
|---------------------------|---------------------|--|---------------------------|----------------------|-------|--------|---------|
| Project Address/Location: | | <input type="checkbox"/> First Plumbing Permit | Permit Type: 36 | Flood Zone: B | | | |
| | | <input type="checkbox"/> First Mechanical Permit | | | | | |
| Permit Approval | Initial | Date | COMMENTS | | | | |
| Mechanical | <u>[Signature]</u> | <u>4-15-15</u> | | | | | |
| Plumbing | | | | | | | |
| Fire/Life Safety | | | | | | | |
| FEES DUE | Req'd | Amount | Account | FEES DUE | Req'd | Amount | Account |
| Plumbing Permit | | | 001 322 10 00 | Other | | | |
| Mechanical Permit | | <u>9500</u> | 001 322 10 00 | Other | | | |
| Other | | | | Other | | | |
| Received By: <u>JM</u> | Date <u>4-15-15</u> | Receipt Number <u>100893</u> | Total Due \$ <u>95.00</u> | | | | |



Commercial & Multifamily Building Permit Application

Building Department, 230 Davidson Ave., Woodland, WA 98674
Phone: (360) 225-7299

PRINT IN INK OR TYPE

(Separate Mechanical & Plumbing Permits Required)

FOR OFFICE USE ONLY

Permit No. 215-058

Date Received: 4/17/15

| | | | |
|--|---|--|--|
| APPLICANT | | Name City of Woodland - Bart Stepp Contact | Phone: (360) 225-7999 |
| Mailing Address, City, State Zip PO Box 9; Woodland, WA 98674 | | Email Address: steppb@ci.woodland.wa.us | |
| PROPERTY OWNER | | Name City of Woodland | Phone: |
| Mailing Address, City State, Zip | | Email Address: | |
| GENERAL CONTRACTOR | | Business Name Weatherguard, Inc. | Contact Person Todd Wilson |
| Mailing Address, City State, Zip 1128 12th Ave.; Longview, WA 98632 | | Phone: (360) 577-7200 (office), (360) 957-2605 (cell) | |
| City Business License # 316.3 | State Contractors License # WEATHI*011C2 | Email: todd@weatherguardinc.net | |
| PROPERTY ADDRESS 755 Sandalwood Road; Woodland, WA 98674 | | | Parcel Number 5047501 |
| Fill & Grade/Excavation with this project? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Total Quantity of Earthwork: <u> </u> CY | | Type of Project | <input type="checkbox"/> New <input type="checkbox"/> Add On <input type="checkbox"/> Demolition <input type="checkbox"/> Remodel <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Other |
| Occupancy (uses): | | No. of Units | No. of Bedrooms |
| Building is a maintenance building at the Wastewater Treatment Plant. Project consists | | No. of Stories | Building Height |
| of removing the existing roof and installing a new one due to leaks in the existing roof. | | 1 | 10 |
| Permit fees to be paid from BARS Code #402 000 000 535 50 48 10. * | | Total Square Feet | 800 |

Describe Project and Specific Use in Detail:

Replace the existing roof of a Wastewater Treatment Plant Maintenance Building with a new Class A roof.

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PROJECT \$ 7,955.64

NOTICE: Separate permits and approvals may be required for this project. This permit may expire if work does not commence within 180 days of approval or if work is suspended or abandoned for a period of 180 days. Issuance of a permit does not authorize any work in public right-of-way or on utility easements. The granting of a permit or an approval does not presume to give authority to violate or cancel the provision of any other federal, state or local laws regulating construction, the performance of construction, and/or operation of the project. Utility service requests and associated fees are processed by the City of Woodland Public Works Department. For information on application and rates, contact (360) 225-7999.

I hereby certify that I have read and examined this application and know the same to be true and correct, and if any of the information provided is erroneous, the permit or approval may be revoked. **It is the responsibility of the applicant to arrange for ANY INSPECTIONS for this project.**

Owner's Signature

Date

Applicant's Signature

Date

DO NOT WRITE BELOW - FOR OFFICE USE ONLY

| | | | | |
|------------------------------------|-----------------|------------------|------------------------|----------------------|
| Comments: Application Complete: | | Zone: <u>C-1</u> | Permit Type: <u>34</u> | Flood Zone: <u>B</u> |
| Approvals | Initial | Date | Comments | |
| Civil Plans | | | | |
| Planning Department | | | | |
| Drainage/Erosion Control | | | | |
| Fire/Life Safety | | | | |
| Building | | <u>4-21-15</u> | | |
| Fees Due | Amount | Account | Fees Due | Amount |
| Building Permit | <u>\$100.00</u> | 001 322 10 00 | Fire Impact Fees | 351 345 85 00 |
| Plan Review Pre-payment | | 001 322 10 20 | Park Impact Fees | 352 345 85 00 |
| Plan Review Balance | | 001 322 10 20 | Roadway Access | 104 322 40 00 |
| Surcharge | <u>4.50</u> | 001 322 10 00 | TOTAL | <u>\$104.50</u> |
| Grading/Excavating | | 001 322 10 00 | Receipt Number | Amount |
| Floodplain Mgt. | | 001 345 89 00 | <u>*100930</u> | <u>(104.50)</u> |
| School Impact Fees | | 650 345 85 00 | <u>100931</u> | <u>4-22-15</u> |
| Transp. Impact Fees | | 353 345 85 00 | | <u>4-22-15</u> |
| | | | | <u>LC</u> |
| | | | | <u>LC</u> |

Plumbing & Mechanical Permit Application

City of Woodland, Washington - Building Department
PRINT IN INK OR TYPE - PRESS FIRMLY - DO NOT USE PENCIL

FOR OFFICE USE ONLY
 Permit No. 215-060
 Date 4/28/15

| | | |
|--|---|---|
| Applicant Name <u>Lyle Kargel</u> | Title (if owner, state OWNER) <u>Project Manager</u> | Daytime Phone: [REDACTED] |
| Property Owner <u>WSCO CORP</u> | Mailing Address, City, State & Zip [REDACTED] | Daytime Phone: [REDACTED] |
| Contractor <u>Arjae Sheet Metal</u> | Address, City, State & Zip <u>8545 SE McLoughlin, Milwaukie OR</u> | Daytime Phone: <u>(503) 231-7717</u> |
| City of Woodland Business License Number <u>Pending</u> | Washington State Labor & Industries Number and Expiration Date <u>ARTAESM 101KG / 2017</u> | REQUIRED |
| Project Address <u>1155 Hoffman St.</u> | Subdivision/Legal Description REQUIRED | Parcel Number <u>5-0249</u> |

Type of Facility: Residential Commercial Educational
 Industrial Institutional _____

Work Type: Demolish Remodel/Alter Addition
 New Move Repair _____

| | |
|---|--|
| PLUMBING: Fixtures (or set) on one trap _____ Building or Trailer Park Sewer _____ Rainwater System Drains (inside) _____ Private Sewage System _____ Water Heaters and/or Vents _____ Gas Piping Systems of 1 to 5 vents _____ Gas Piping Systems over 5 vents _____ Industrial Waste Interceptors _____ Installations/Alterations/ Repairs of: • Water Piping _____ • Water Treating Equipment _____ • Medical Gas Piping _____ Fixtures with drain/vent repairs or alterations _____ Lawn Sprinkler System with Backflow Device _____ Vacuum Breakers not with Sprinkler _____ Backflow Protective Devices to 2" diameter _____ Backflow Protective Devices over 2" diameter _____ | MECHANICAL: Furnace up to 100,000 BTU <u>RTU'S (X2)</u> _____ Furnace over 100,000 BTU _____ Floor Furnace installation or relocation _____ Heater (suspended, recessed or floor) _____ Vent not included with appliance _____ Repair/Alteration/Addition to Appliance _____ Boilers/Compressors to 3hp (heat pump) _____ • from 3 to 15 hp _____ • from 15 to 30 hp _____ • from 30 to 50 hp _____ • over 50 hp _____ Absorption Systems to 100,000 BTU/h _____ • from 100,000 to 500,000 BTU/h _____ • from 500,000 to 1,000,000 BTU/h _____ • from 1,000,000 to 1,750,000 BTU/h _____ • over 1,750,000 BTU/h _____ Air Handling Units up to 10,000 CFM _____ • over 10,000 CFM _____ Evaporative Cooler (non portable) _____ Ventilation Fan w/ single duct _____ Ventilation System (not heat or a/c) _____ Hood w/ mechanical exhaust _____ Incinerator, domestic type _____ • commercial or industrial _____ Appliance/Equipment Item (UMC) _____ Fuel-Gas Piping System Outlets _____ Haz. Process Piping System Outlets _____ Non-Haz. Proc. Piping System Outlets _____ Commercial Hood Type 1 _____ Dust Collection System _____ Other _____ |
|---|--|

Describe Project and Specific Use in Detail:

Replace (X2) packaged units (RTU's), 3 tons each unit, 65,000 btus each unit - Cap existing curbs w/ sheet metal, place new units on pressure treated sleepers to spread the weight & run new duct work horizontal to existing drops

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PERMIT \$ \$25,000.00 APR 30 2015

I hereby certify that I have read and examined this application and know the same to be true and correct, and if any of the information provided is incorrect, the permit may be revoked.

[REDACTED SIGNATURE] 4/27/15
 APPLICANT'S SIGNATURE DATE

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

| | | | | | | | |
|--|---------------------|--|---------------------------|------------------------|----------------------|--------|---------|
| Project Address/Location: <u>1155 Hoffman</u> | | <input type="checkbox"/> First Plumbing Permit | | Permit Type: 36 | Flood Zone: B | | |
| <input type="checkbox"/> First Mechanical Permit | | | | | | | |
| Permit Approval | Initial | Date | COMMENTS | | | | |
| Mechanical | <u>[Signature]</u> | <u>4-28-15</u> | <u>Imc & WSCO</u> | | | | |
| Plumbing | | | | | | | |
| Fire/Life Safety | | | | | | | |
| FEES DUE | Req'd | Amount | Account | FEES DUE | Req'd | Amount | Account |
| Plumbing Permit | | | 001 322 10 00 | Other | | | |
| Mechanical Permit | | <u>85.00</u> | 001 322 10 00 | Other | | | |
| Other | | | | Other | | | |
| Received By: <u>[Signature]</u> | Date <u>4-30-15</u> | Receipt Number <u>101033</u> | Total Due \$ <u>85.00</u> | | | | |

Plumbing & Mechanical Permit Application

City of Woodland, Washington - Building Department
PRINT IN INK OR TYPE - PRESS FIRMLY - DO NOT USE PENCIL

FOR OFFICE USE ONLY
 Permit No. 215-001
 Date 4/23/15

| | | | |
|---|--|--|------------------------------------|
| Applicant Name <u>Area Heating & Cooling</u> | | Title (if owner, state OWNER) | Daytime Phone: <u>[REDACTED]</u> |
| Property Owner <u>Matt Smith</u> | | Mailing Address, City, State & Zip | Daytime Phone: <u>[REDACTED]</u> |
| Contractor <u>Area Heating & Cooling</u> | | Business Address, City, State & Zip <u>2741 NE 65TH AVE. VANC. WA 98661</u> | Daytime Phone: <u>360.663.4489</u> |
| City of Woodland Business License Number | | Washington State Labor & Industries Number and Expiration Date | |
| Project Address <u>227 Raspberry Ln.</u> | | Subdivision/Legal Description | Parcel Number <u>5-08090114</u> |
| Type of Facility: <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Educational <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> | | Work Type: <input type="checkbox"/> Demolish <input type="checkbox"/> Remodel/Alter <input checked="" type="checkbox"/> Addition <input checked="" type="checkbox"/> New <input type="checkbox"/> Move <input type="checkbox"/> Repair <input type="checkbox"/> | |

| | | |
|---|--|--|
| PLUMBING: Fixtures (or set) on one trap _____ Building or Trailer Park Sewer _____ Rainwater System Drains (inside) _____ Private Sewage System _____ Water Heaters and/or Vents _____ Gas Piping Systems of 1 to 5 vents _____ Gas Piping Systems over 5 vents _____ Industrial Waste Interceptors _____ Installations/Alterations/ Repairs of: • Water Piping _____ • Water Treating Equipment _____ • Medical Gas Piping _____ Fixtures with drain/vent repairs or alterations _____ Lawn Sprinkler System with Backflow Device _____ Vacuum Breakers not with Sprinkler _____ Backflow Protective Devices to 2" diameter _____ Backflow Protective Devices over 2" diameter _____ | MECHANICAL: Furnace up to 100,000 BTU _____ Furnace over 100,000 BTU _____ Floor Furnace installation or relocation _____ Heater (suspended, recessed or floor) _____ Vent not included with appliance _____ Repair/Alteration/Addition to Appliance _____ Boilers/Compressors to 3hp (heat pump) _____ • from 3 to 15 hp _____ <u>15</u> • from 15 to 30 hp _____ • from 30 to 50 hp _____ • over 50 hp _____ Absorption Systems to 100,000 BTU/h _____ • from 100,000 to 500,000 BTU/h _____ • from 500,000 to 1,000,000 BTU/h _____ • from 1,000,000 to 1,750,000 BTU/h _____ • over 1,750,000 BTU/h _____ | Air Handling Units up to 10,000 CFM _____ • over 10,000 CFM _____ Evaporative Cooler (non portable) _____ Ventilation Fan w/ single duct _____ Ventilation System (not heat or a/c) _____ Hood w/ mechanical exhaust _____ Incinerator, domestic type _____ • commercial or industrial _____ Appliance/Equipment Item (UMC) _____ Fuel-Gas Piping System Outlets _____ Haz. Process Piping System Outlets _____ Non-Haz. Proc. Piping System Outlets _____ Commercial Hood Type 1 _____ Dust Collection System _____ PAID Other _____ |
|---|--|--|

Describe Project and Specific Use in Detail:
INSTALLING AIR CONDITIONER

RECEIVED
 CITY OF WOODLAND
 APR 28 2015
 City of Woodland
 Building Dept
 Planning Dept

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PERMIT \$ 3804.00

I hereby certify that I have read and examined this application and know the same to be true and correct, and if any of the information provided is incorrect, the permit may be revoked.
[Signature]
 APPLICANT'S SIGNATURE DATE 4/28/15

| DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY | | | | | | | |
|--|----------------------|--|--|------------------------|----------------------|--------|---------|
| Project Address/Location: <u>227 Raspberry</u> | | <input type="checkbox"/> First Plumbing Permit <input type="checkbox"/> First Mechanical Permit | | Permit Type: <u>36</u> | Flood Zone: <u>B</u> | | |
| Permit Approval | Initial | Date | COMMENTS | | | | |
| Mechanical | <u>[Signature]</u> | <u>4-28-15</u> | <u>OBTAIN LEAD FINAL BEFORE FINAL INSPECTION</u> | | | | |
| Plumbing | | | | | | | |
| Fire/Life Safety | | | | | | | |
| FEE DUE | Req'd | Amount | Account | FEE DUE | Req'd | Amount | Account |
| Plumbing Permit | | | 001 322 10 00 | Other | | | |
| Mechanical Permit | | <u>75.00</u> | 001 322 10 00 | Other | | | |
| Other | | | | Other | | | |
| Received By: <u>JM</u> | Date: <u>4-29-15</u> | Receipt Number: <u>101019</u> | Total Due \$ <u>75.00</u> | | | | |