

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. CPL-16-004
 Date 5/3/16

Applicant Name <u>Mike Manzhura</u>		Title (if owner, state OWNER) <u>OWNER</u>	Daytime Phone: [REDACTED]
Property Owner		Mailing Address, City, State & Zip [REDACTED]	Daytime Phone: [REDACTED]
Contractor <u>Manzco Plumbing</u>		Business Address, City, State & Zip <u>10355 NE 9th St, Vancouver, WA 98682</u>	Daytime Phone: [REDACTED]
City of Woodland Business License Number <u>16-37</u>		Washington State Labor & Industries Number and Expiration Date <u>MANZCO92688 2-5-18</u>	
Project Address <u>1519 Pacific Ave, Woodland, WA</u>		Subdivision/Legal Description	Parcel Number <u>5-0427</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 _____ Building or Trailer Park Sewer _____ Rainwater System Drains (inside) _____ Private Sewage System _____ Water Heaters and/or 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 _____	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:

PAID
MAY 03 2016

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PERMIT \$ 250.00 **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.

 APPLICANT'S SIGNATURE

 DATE 5/3/16

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Project Address/Location:		<input type="checkbox"/> First Plumbing Permit	Permit Type: 36	Flood Zone:			
		<input type="checkbox"/> First Mechanical Permit					
Permit Approval	Initial	Date	COMMENTS				
Mechanical							
Plumbing	<u>MD</u>	<u>50-00</u>					
Fire/Life Safety							
FEES DUE	Req'd	Amount	Account	FEES DUE	Req'd	Amount	Account
Plumbing Permit			001 322 10 00	Other			
Mechanical Permit			001 322 10 00	Other			
Other				Other			
Received By:		Date <u>5/3</u>	Receipt Number		Total Due \$ <u>50.00</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. RME-16-016
 Date: 5/2/16

Applicant Name CLIFFORD & DEAN SHAW		Title (if owner, state OWNER)	Daytime Phone: 3- XXXXXXXXXX
Property Owner CLIFFORD & DEAN SHAW		Mailing Address, City, State & Zip	Daytime Phone:
Contractor ADVANTAGE HTG CLG PLBG INC		Business Address, City, State & Zip 7206 NE 37TH AVE B-1 VANCOUVER 98665	Daytime Phone: 360-693-5220
City of Woodland Business License Number 15-000015.7		Washington State Labor & Industries Number and Expiration Date ADVANHCO11DQ 3-12-17	
Project Address 319 MADRONA AVE WOODLAND, WA 98674		Subdivision/Legal Description	Parcel Number 5-0245013

Type of Facility: Residential Commercial Educational Industrial Institutional _____

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

<p>PLUMBING:</p> <p>Fixtures (or set) on one trap _____</p> <p>Building or Trailer Park Sewer _____</p> <p>Rainwater System Drains (inside) _____</p> <p>Private Sewage System _____</p> <p>Water Heaters and/or Vents _____</p> <p>Industrial Waste Interceptors _____</p> <p>Installations/Alterations/ Repairs of:</p> <ul style="list-style-type: none"> • Water Piping _____ • Water Treating Equipment _____ • Medical Gas Piping _____ <p>Fixtures with drain/vont repairs or alterations _____</p> <p>Lawn Sprinkler System with Backflow Device _____</p> <p>Vacuum Breakers not with Sprinkler _____</p> <p>Backflow Protective Devices to 2" diameter _____</p> <p>Backflow Protective Devices over 2" diameter _____</p>	<p>MECHANICAL:</p> <p>Furnace up to 100,000 BTU _____</p> <p>Furnace over 100,000 BTU _____</p> <p>Floor Furnace installation or relocation _____</p> <p>Heater (suspended, recessed or floor) _____</p> <p>Vent not included with appliance _____</p> <p>Repair/Alteration/Addition to Appliance _____</p> <p>Boilers/Compressors to 3hp (heat pump) _____</p> <ul style="list-style-type: none"> • from 3 to 15 hp _____ • from 15 to 30 hp _____ • from 30 to 50 hp _____ • over 50 hp _____ <p>Absorption Systems to 100,000 BTU/h _____</p> <ul style="list-style-type: none"> • 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 _____ <p>Air Handling Units up to 10,000 CFM _____</p> <ul style="list-style-type: none"> • over 10,000 CFM _____ <p>Evaporative Cooler (non portable) _____</p> <p>Ventilation Fan w/ single duct _____</p> <p>Ventilation System (not heat or a/c) _____</p> <p>Hood w/ mechanical exhaust _____</p> <p>Incinerator, domestic type _____</p> <ul style="list-style-type: none"> • commercial or industrial _____ <p>Appliance/ Equipment Item (UMC) _____</p> <p>Fuel-Gas Piping System Outlets _____</p> <p>Haz. Process Piping System Outlets _____</p> <p>Non-Haz. Proc. Piping System Outlets _____</p> <p>Commercial Hood Type 1 _____</p> <p>Dust Collection System _____</p> <p>Other _____</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Describe Project and Specific Use in Detail:

DUCTLESS H/P WITH ONE INDOOR HEAD. WALL MOUNTED.

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PERMIT \$ 4,710.86

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] 5/3/2016

APPLICANT'S SIGNATURE DATE

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Project Address/Location: <u>319 Madrona Ave.</u>		<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	[REDACTED]	<u>5-2-16</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>\$65.00</u>	001 322 10 00	Other			
Other				Other			
Received By:		Date	Receipt Number	Total Due <u>\$ 65.00</u>			
		<u>5/3</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: RME-16-017
 Date: 5/2/16

Applicant Name DANIELLE BROWN		Title (if owner, state OWNER)	Daytime Phone:
Property Owner DANIELLE BROWN		Mailing Address, City, State & Zip	Daytime Phone:
Contractor ADVANTAGE HTG CLG PLBG INC		Business Address, City, State & Zip 7206 NE 37TH AVE B1 VANCOUVER	Daytime Phone: 360-693-5220
City of Woodland Business License Number 15-000015.7		Washington State Labor & Industries Number and Expiration Date ADVANH0011DQ 3/12/17	
Project Address 1754 CLATSOP WOODLAND WA 98674		Subdivision/Legal Description	Parcel Number 5-07060132

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 _____ 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 60 hp _____ • over 60 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: **ADD ON A/C UNIT**

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PERMIT \$ 4,000.00

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

5/3/2016
 DATE

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Project Address/Location: 1754 Clatsop		<input type="checkbox"/> First Plumbing Permit	Permit Type: 36	Flood Zone: A			
		<input type="checkbox"/> First Mechanical Permit					
Permit Approval	Initial	Date	COMMENTS				
Mechanical		5-2-16	INSTALL ABOVE BFE				
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		\$65.00	001 322 10 00	Other			
Other				Other			
Received By:	Date	Receipt Number		Total Due			
	5/3			\$65.00			



**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)

FOR OFFICE USE ONLY
 Permit No. RNC 16-008
 Date Received: 4-11-16

APPLICANT	Name: Chris Roewe	Phone:
Mailing Address, City, State, Zip		
GENERAL CONTRACTOR	Business Name: SELF/owner	Contact Person
Mailing Address, City, State, Zip		Phone:
City Business License #	State Contractors License #	Email Address:

PROPERTY ADDRESS
 429 CC St Woodland WA 98674

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

Occupancy (uses): **one residential dwelling**

Type of Project	<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	one	No. of Bedrooms	three
No. of Stories	1	Building Height	
		Total Square Feet	1494

Describe Project and Specific Use in Detail: Construct single level residence per submitted plans.

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PROJECT \$ 85,000 138,643.55

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: [Signature] Date: 4/11/16 **PAID**
 Applicant's Signature: [Signature] Date: 4/11/16 **MAY 08 2016**
 CITY OF WOODLAND

DO NOT WRITE BELOW - FOR OFFICE USE ONLY

Setbacks: Front:	RT Side:	LT Side:	Back:	Zone: LDR-6	Permit Type: PAID	Flood Zone: B
Approvals	Initial	Date	Comments: APR 11 2016			
Civil Plans			CITY OF WOODLAND			
Planning Department						
Drainage/Erosion Control						
Fire/Life Safety						
Building		<u>5-2-16</u>				

Fees Due	Amount	Account	Fees Due	Amount	Account
Building Permit	1212.15	001 322 10 00	Water Assessment	3241.00	421 368 10 10
Plan Review Pre-payment	600.00	001 322 10 20	Meter Deposit	696.00	401 389 00 00
Plan Review Balance	187.90	001 322 10 20	Sewer Assessment	4920.00	422 368 10 00
Surcharge	4.50	001 322 10 00	Sewer Inspection	232.00	402 369 90 10
Grading/Excavating		001 322 10 00	Roadway Access	33 x 5 = \$165	104 322 40 00
Floodplain Mgt.	100.00	001 345 89 00	TOTAL	\$7903.55	
School Impact Fees	2750.00	650 345 85 00	Receipt Number	106658	Amount
Fire Impact Fees	1530.00	351 345 85 00	Date	4-11-16	Initial
Park Impact Fees	1116.00	352 345 85 00		7,903.55	5-3-16
Transp. Impact Fees	838.00	353 345 85 00			

RPL-16-010

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. RME-16-012
Date 4/11/16

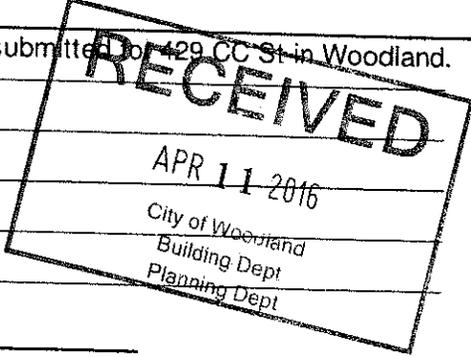
Applicant Name Chris Roewe	Title (if owner, state OWNER) Owner	Daytime Phone: [REDACTED]
Property Owner Larry May	Mailing Address, City, State & Zip [REDACTED]	Daytime Phone: [REDACTED]
Contractor NA	Business Address, City, State & Zip	Daytime Phone:
City of Woodland Business License Number	Washington State Labor & Industries Number and Expiration Date	
Project Address 429 CC St	Subdivision/Legal Description	Parcel Number 5-

Type of Facility: Residential Commercial Educational
 Industrial Institutional _____

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

PLUMBING: <u>RPL-16-010</u>	MECHANICAL: <u>RME-16-012</u>	
Fixtures (or set) on one-trap <u>10</u>	Furnace up to 100,000 BTU <u>1</u>	Air Handling Units up to 10,000 CFM <u>1</u>
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 _____
Water Heaters and/or Vents <u>1</u>	Vent not included with appliance _____	Ventilation System (not heat or a/c) .. <u>3</u>
_____	Repair/Alteration/Addition to Appliance _____	Hood w/ mechanical exhaust <u>1</u>
Industrial Waste Interceptors _____	Bollers/Compressors to 3hp (heat pump) _____	Incinerator, domestic type _____
Installations/Alterations/ Repairs of:	• from 3 to 15 hp _____	• commercial or industrial _____
• Water Piping <u>1</u>	• from 15 to 30 hp _____	Appliance/Equipment Item (UMC) _____
• Water Treating Equipment _____	• from 30 to 50 hp _____	Fuel-Gas Piping System Outlets _____
• Medical Gas Piping _____	• over 50 hp _____	Haz. Process Piping System Outlets .. _____
Fixtures with drain/vent repairs or alterations _____	Absorption Systems to 100,000 BTU/h _____	Non-Haz. Proc. Piping System Outlets _____
Lawn Sprinkler System with Backflow Device _____	• from 100,000 to 500,000 BTU/h _____	Commercial Hood Type 1 _____
Vacuum Breakers not with Sprinkler _____	• from 500,000 to 1,000,000 BTU/h _____	Dust Collection System _____
Backflow Protective Devices to 2" diameter _____	• from 1,000,000 to 1,750,000 BTU/h _____	Other _____
Backflow Protective Devices over 2" diameter _____	• over 1,750,000 BTU/h _____	

Describe Project and Specific Use in Detail: Construct a new residential dwelling per the plans submitted for 429 CC St in Woodland.



TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PERMIT \$ 10,000.00

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

[Signature] DATE 4/11/16

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Project Address/Location: <u>429 CC Street</u>		<input checked="" type="checkbox"/> First Plumbing Permit	Permit Type: <u>36</u>	Flood Zone: <u>B</u>			
Permit Approval	Initial	Date	COMMENTS				
Mechanical	[REDACTED]	<u>5-2-16</u>					
Plumbing	[REDACTED]						
Fire/Life Safety							
FEES DUE	Req'd	Amount	Account	FEES DUE	Req'd	Amount	Account
Plumbing Permit		<u>\$179.00</u>	001 322 10 00	Other			
Mechanical Permit		<u>\$122.00</u>	001 322 10 00	Other			
Other				Other			
Received By: [REDACTED]	Date	Receipt Number		Total Due			
	<u>5-3-16</u>	<u>106059 + 106060</u>		<u>\$ 301.00</u>			



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 # FLS 16-007 Parcel #: 5-0427 Fire Marshal # FRI201 6-00325
 Job Address: 1519 Pacific AVE, Woodland WA 98674
 Occupant: _____
 Owner: _____ Address: _____
 Contractor: Sanderson Fire Business License # SANDEF P845DN
 Address: 1101 SE 3rd AVE, Portland, OR 97214
 E-mail: geoff@sandersonfire.com Phone: 503 889 3110 Mobile: _____
 Contact Person: same - GEOFF SPAHR Address: _____
 E-mail: _____ Phone: _____ Mobile: _____
 Zone: B 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 Ansul R-102
- Other extinguishing system
- Smoke removal system
- Fire pump system

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

Other Review

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

PAID

APR 15 2016

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.

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. An administrative cost will be added to all permits.

PAID

MAY 04 2016

Applicant: Geoff Spahr Date submitted: 4/15/16 CITY OF WOODLAND
 Phone: _____

Comments: _____

Amount	Type	ACCOUNT	Receipt #	Date Paid	Initials
\$ 150	Pre Payment	001 386 00 00 01	105848	4-15-16	
\$ 142	Fees - Pre Payment	001 386 00 00 01	106084	5-4-16	
\$ 29.20	Admin (10% fee)	001 341 42 00 00			
\$ 171.20	BALANCE	NA			

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. RME-16-014
 Date 4/26/16

Applicant Name All Around Mechanical LLC / <u>Adrian</u>	Title (if owner, state OWNER) Owner	Daytime Phone: 360-896-2829
Property Owner Skye and Jennifer Sawyer	Mailing Address, City, State & Zip [REDACTED]	Daytime Phone: [REDACTED]
Contractor All Around Mechanical LLC	Business Address, City, State & Zip 17900 NE Gabriel RD Yacolt WA 98675	Daytime Phone: [REDACTED]
City of Woodland Business License Number 16-000022.0	Washington State Labor & Industries Number and Expiration Date ALLARAM906WR 01-20-2018	
Project Address 1812 Pompey CT Woodland WA 98674	Subdivision/Legal Description	Parcel Number <u>5-07060113</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 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) <input checked="" type="checkbox"/> 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: Air conditioning Add On

2 1/2 TON 13 SEER AC w/ COIL

PAID
MAY 04 2016

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PERMIT \$ 3,000.00 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.


 Key: A24e72x7d5f6e07e72e451b3e720e
 APPLICANT'S SIGNATURE

4/26/16
 DATE

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Project Address/Location: <u>1812 Pompey Ct.</u>		<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	[REDACTED]	<u>5-2-16</u>	<u>INSTALL ABOVE BFC</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>\$65.00</u>	001 322 10 00	Other			
Other				Other			
Received By:	Date	Receipt Number		Total Due <u>\$ 65.00</u>			
	<u>5/4</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. RME 16-019
 Date 5-4-16

Applicant Name MICHAEL WHEATON		Title (if owner, state OWNER) EXPEDITOR	Daytime Phone: [REDACTED]
Property Owner SHERRI J. HEIKKILA		Mailing Address, City, State & Zip [REDACTED]	
Contractor FIRESIDE HOME SOLUTIONS		Business Address, City, State & Zip [REDACTED]	Daytime Phone: 503-639-1691
City of Woodland Business License Number		Washington State Labor & Industries Number and Expiration Date	
Project Address 1761 MERIWETHER, WOODLAND		Subdivision/Legal Description	Parcel Number 5-07060119
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 checked="" type="checkbox"/> Remodel/Alter <input type="checkbox"/> Addition <input 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
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
.....	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:
ADDING A HEATILATOR GAS FIREPLACE MODEL# NDV3630I-B

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] 5-4-16
 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: 36	Flood Zone: PAID			
		<input type="checkbox"/> First Mechanical Permit					
Permit Approval	Initial	Date	COMMENTS				
Mechanical	[REDACTED]	<u>5-4-16</u>	MAY 04 2016				
Plumbing			CITY OF WOODLAND				
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>60-</u>	001 322 10 00	Other			
Other				Other			
Received By:	Date	Receipt Number		Total Due	\$ <u>60-</u>		
	<u>5/4</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. RME-16-018
 Date 5/3/16

Applicant Name Tri Tech Heating	Title (if owner, state OWNER)	Daytime Phone: 360-891-2002
Property Owner Troy Cage	Mailing Address, City, State & Zip	
Contractor Tri Tech Heating	Business Address, City, State & Zip 6603 NE 136th Ave Vancouver, WA 98682	Daytime Phone:
City of Woodland Business License Number 16-000303.5	Washington State Labor & Industries Number and Expiration Date TRITEHI952LL	
Project Address 445 S Twins Flower Drive Woodland, WA 9867	Subdivision/Legal Description	Parcel Number 5-08150109
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 _____ Building or Trailer Park Sewer _____ Rainwater System Drains (Inside) _____ Private Sewage System _____ Water Heaters and/or 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 _____	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 AC

PAID
 MAY 05 2016

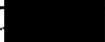
TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PERMIT \$ 3000.00 CITY OF WOODLAND

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.


 APPLICANT'S SIGNATURE

5/3/16
 DATE

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Project Address/Location: <u>445 S. Twin Flower Drive</u>	<input type="checkbox"/> First Plumbing Permit <input type="checkbox"/> First Mechanical Permit	Permit Type: 36	Flood Zone: B				
Permit Approval	Initial	Date	COMMENTS				
Mechanical		<u>5-5-16</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>\$90.00</u>	001 322 10 00	Other			
Other				Other			
Received By: 	Date: <u>5-5-16</u>	Receipt Number: <u>106096</u>	Total Due <u>\$90.00</u>				

INV53216

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. CME 16-011
 Date 4-8-16

Applicant Name JAMI BOND		Title (if owner, state OWNER) OWNER	Daytime Phone: [REDACTED]
Property Owner JAMI BOND		Mailing Address, City, State & Zip [REDACTED]	Daytime Phone: N/A
Contractor HOME ENERGY GROUP		Business Address, City, State & Zip [REDACTED]	Daytime Phone: 360 721 4854
City of Woodland Business License Number 16-43		Washington State Labor & Industries Number and Expiration Date homeeg1003j7	
Project Address 236 DAVIDSON AVE #B WOODLAND WA 98674		Subdivision/Legal Description HVAC (reinstall existing)	Parcel Number 5-0025
Type of Facility: <input type="checkbox"/> Residential <input checked="" 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 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 _____ 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 <input checked="" type="checkbox"/> Furnace over 100,000 BTU <input type="checkbox"/> Floor Furnace installation or relocation <input checked="" type="checkbox"/> Heater (suspended, recessed or floor) <input type="checkbox"/> Vent not included with appliance <input type="checkbox"/> Repair/Alteration/Addition to Appliance <input type="checkbox"/> Boilers/Compressors to 3hp (heat pump) <input type="checkbox"/> • from 3 to 15 hp <input type="checkbox"/> • from 15 to 30 hp <input type="checkbox"/> • from 30 to 50 hp <input type="checkbox"/> • over 50 hp <input type="checkbox"/> Absorption Systems to 100,000 BTU/h <input type="checkbox"/> • from 100,000 to 500,000 BTU/h <input type="checkbox"/> • from 500,000 to 1,000,000 BTU/h <input type="checkbox"/> • from 1,000,000 to 1,750,000 BTU/h <input type="checkbox"/> • over 1,750,000 BTU/h <input type="checkbox"/> Air Handling Units up to 10,000 CFM <input type="checkbox"/> • over 10,000 CFM <input type="checkbox"/> Evaporative Cooler (non portable) <input type="checkbox"/> Ventilation Fan w/ single duct <input type="checkbox"/> Ventilation System (not heat or a/c) .. <input type="checkbox"/> Hood w/ mechanical exhaust <input type="checkbox"/> Incinerator, domestic type <input type="checkbox"/> • commercial or industrial <input type="checkbox"/> Appliance/Equipment Item (UMC) <input type="checkbox"/> Fuel-Gas Piping System Outlets <input type="checkbox"/> Haz. Process Piping System Outlets .. <input type="checkbox"/> Non-Haz. Proc. Piping System Outlets <input type="checkbox"/> Commercial Hood Type 1 <input type="checkbox"/> Dust Collection System <input type="checkbox"/> Other <input type="checkbox"/>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Describe Project and Specific Use in Detail:
moving & reinstalling existing HVAC unit, new duct/vents.

PAID
MAY 05 2016
 CITY OF WOODLAND

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PERMIT \$ 5,000

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

4/16/16
 DATE

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Project Address/Location:		<input type="checkbox"/> First Plumbing Permit	Permit Type: 36	Flood Zone:			
		<input type="checkbox"/> First Mechanical Permit					
Permit Approval	Initial	Date	COMMENTS				
Mechanical	[REDACTED]	<u>4-14-16</u>	<u>FOLLOW MANUFACTURER'S INSTRUCTIONS + IMC 2012</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		\$103.00	001 322 10 00	Other			
Other				Other			
Received By:	Date	<u>5/5</u>	Receipt Number	Total Due	\$ 103.00		

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. CPL-16-005
 Date 5/4/16

Applicant Name <u>Greg Carpenter - Agent Woodland Care Center</u>		Title (if owner, state OWNER) <u>Maintenance Supervisor</u>	Daytime Phone: [REDACTED]
Property Owner <u>Carolyn Settlemyer</u>		Mailing Address, City, State & Zip [REDACTED]	Daytime Phone: [REDACTED]
Contractor <u>Forever Green landscape</u>		Business Address, City, State & Zip <u>5211 NE 101st Vanc WA 98686</u>	Daytime Phone: <u>360-910-2327</u>
City of Woodland Business License Number <u>FOREU **96865</u>		Washington State Labor & Industries Number and Expiration Date <u>U&I # 602 369 787 LI # 072,710-00</u>	
Project Address <u>310 4th St Woodland WA 98679</u>		Subdivision/Legal Description	Parcel Number <u>5-049801</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 _____ Building or Trailer Park Sewer _____ Rainwater System Drains (inside) _____ Private Sewage System _____ Water Heaters and/or 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 <u>X</u> Vacuum Breakers not with Sprinkler _____ Backflow Protective Devices to 2" diameter <u>X</u> Backflow Protective Devices over 2" diameter _____	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:
Adding anti-Backflow & landscape Irrigation to, Flower & Planter beds, surrounding newly added parking Area. From newly added "Irrigation only" water meter.

PAID

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PERMIT \$ _____ **MAY 06 2016**

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 may be revoked.

[REDACTED SIGNATURE] 5/04/2016
 APPLICANT'S SIGNATURE for Woodland Care Center DATE

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Project Address/Location: <u>310 4th Street</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	[REDACTED]	[REDACTED]					
Plumbing	[REDACTED]	<u>5-5-16</u>	<u>NOTIFY PUBLIC WORKS of BACKFLOW 225-7999</u>				
Fire/Life Safety	[REDACTED]	[REDACTED]					
FEES DUE	Req'd	Amount	Account	FEES DUE	Req'd	Amount	Account
Plumbing Permit		<u>\$65.00</u>	001 322 10 00	Other			
Mechanical Permit			001 322 10 00	Other			
Other				Other			
Received By: [REDACTED]	Date	<u>5-6-16</u>	Receipt Number	<u>106103</u>	Total Due	<u>\$65.00</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. RME-16-015
 Date 4-27-16

Applicant Name <u>Entek</u>		Title (if owner, state OWNER) <u>Contractor</u>	Daytime Phone: <u>360-423-3010</u>
Property Owner <u>GARY Dawson</u>		Mailing Address, City, State & Zip [REDACTED]	
Contractor <u>Entek</u>		Business Address, City, State & Zip <u>1021 Columbia Blvd, Longview WA 98322</u>	Daytime Phone: <u>360-423-3010</u>
City of Woodland Business License Number		Washington State Labor & Industries Number and Expiration Date <u>Entek CX 893 WE</u>	
Project Address <u>2036 Rhododendron</u>		Subdivision/Legal Description	Parcel Number <u>5-0245025</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 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 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 <u>1</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 Other
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Describe Project and Specific Use in Detail:

Replace Air Handler and Add Heat pump

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PERMIT \$ 7000

I hereby certify that I have read and understand the terms and conditions of this permit 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 4/27/16

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Project Address/Location: <u>2036 Rhododendron</u>		<input type="checkbox"/> First Plumbing Permit <input type="checkbox"/> First Mechanical Permit		Permit Type: 36	Flood Zone: AAID		
Permit Approval	Initial	Date	COMMENTS				
Mechanical	[REDACTED]	<u>5-2-16</u>	<u>INSTALL ABOVE BPE</u>				
Plumbing							
Fire/Life Safety			CITY OF WOODLAND				
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: [REDACTED]	Date	<u>5-10-16</u>	Receipt Number	<u>106157</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

ASP 15-2132

FOR OFFICE USE ONLY
 Permit No: _____
 Date: _____

Applicant Name Karlson Development LLC		Title (if owner, state OWNER) Owner	Daytime Phone: 947-1405
Property Owner Same		Mailing Address, City, State & Zip 9704 N.E. 117th Ave	Daytime Phone:
Contractor Same		Business Address, City, State & Zip Vancouver, WA 98662	Daytime Phone:
City of Woodland Business License Number 14-00176.7		Washington State Labor & Industries Number and Expiration Date KAR1504980LE	
Project Address 314 Lolo Trail Ave		Subdivision/Legal Description Meriwether Estates Lot 1	Parcel Number 5-07060101
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 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 _____
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Describe Project and Specific Use in Detail:

2700 Install landscape sprinkler system for new construction single family

PAID

MAY 11 2016

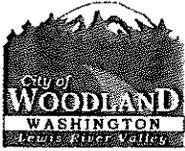
TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PERMIT \$ 2,000.00 CITY OF WOODLAND

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.

APPLICANT'S SIGNATURE

DATE 5-10-16

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY							
Project Address/Location: 314 Lolo Tr		<input type="checkbox"/> First Plumbing Permit		Permit type: 36		Record No:	
Permit Approval	Initial	Date	COMMENTS				
Mechanical							
Plumbing		5-11-16					
Fire/Life Safety							
FEES DUE		Req'd	Amount	Account	FEES DUE	Req'd	Amount
Plumbing Permit			30-	001 322 10 00	Other		
Mechanical Permit				001 322 10 00	Other		
Other					Other		
Received By:		Date	Receipt Number				
		5-11-16	106185				



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. FEN-16-005
 Date Received: 5/16/16

APPLICANT		Name: <u>ARROW Fence Co Inc</u>	Phone: <u>360-887-3745</u>
Mailing Address, City, State Zip		<u>218 NW 194th St Burien WA 98148</u>	Email Address:
PROPERTY OWNER		Name: <u>Woodland School Cycle</u>	Phone: [REDACTED]
Mailing Address, City State. Zip		[REDACTED]	Email Address:
GENERAL CONTRACTOR		Business Name: <u>Same as applicant</u>	Contact Person:
Mailing Address, City State. Zip			Phone:
City Business License #		State Contractors License #: <u>ARROWFC044CZ</u>	Email:

PROPERTY ADDRESS
303 E. Scott Parcel Number 50625

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: 6' tall chain link fence

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PROJECT \$ 3500.00

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. 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: 5-16-16
 Applicant's Signature: [REDACTED] Date: 5-16-16

DO NOT WRITE BELOW - FOR OFFICE USE ONLY

Comments: Application Complete: _____ Zone: _____ Permit Type: 32 Flood Zone: _____

PAID

Approvals	Initial	Date	Comments
Civil Plans	[REDACTED]		
Planning Department	[REDACTED]	<u>5/16/16</u>	
Drainage/Erosion Control			
Fire/Life Safety			
Building			

CITY OF WOODLAND

Fees Due	Amount	Account	Fees Due	Amount	Account
Building Permit	<u>55.00</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>59.50</u>	
Grading/Excavating		001 322 10 00	Receipt Number		
Floodplain Mgt.		001 345 89 00	Amount	<u>59.50</u>	Date
School Impact Fees		650 345 85 00			<u>5-16-16</u>
Transp. Impact Fees		353 345 85 00			Initial



**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)

RECEIVED

MAR 25 2016

FOR OFFICE USE ONLY

Permit No. RRM-16-002

Date Received: 3/25/16

APPLICANT Name: Jeremy West City of Woodland Building Dept Planning Dept
 Mailing Address, City, State Zip: [Redacted] Phone: [Redacted]
 Email Address: [Redacted]

PROPERTY OWNER Name: Ronald West, Linda Bloomfeldt Phone: [Redacted]
 Mailing Address, City, State, Zip: 532 Duane Woodland WA 98674 Email Address: [Redacted]

GENERAL CONTRACTOR Business Name: _____ Contact Person: _____
 Mailing Address, City, State, Zip: _____ Phone: _____
 City Business License # _____ State Contractors License # _____ Email Address: _____

PROPERTY ADDRESS Lot #: _____ Parcel Number: 50226
 Fill & Grade/Excavation with this project? Yes [] No [] Total Quantity of Earthwork: _____ CY
 Type of Project: [] New [X] Add On [] Demolition [X] Remodel [X] Repair [] Other
 Occupancy (uses): ACCESSORY STRUCTURE
 No. of Units: _____ No. of Bedrooms: _____ No. of Bathrooms: _____
 No. of Stories: _____ Building Height: _____ Total Square Feet: ~375

Describe Project and Specific Use in Detail: Adding structural support + new concrete new cedar siding, garage door, new electrical outlets windows, insulation

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PROJECT \$ \$6900.00

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: 03-30-16

DO NOT WRITE BELOW - FOR OFFICE USE ONLY

Setbacks: Front: _____ RT Side: _____ LT Side: _____ Back: _____	Zone: <u>HDR</u>	Permit Type: <u>PAID</u>	Flood Zone: <u>B</u>
Approvals	Initial	Date	Comments
Civil Plans			
Planning Department			<u>MAY 17 2016</u>
Drainage/Erosion Control			
Fire/Life Safety			
Building		<u>4-5-16</u>	<u>PAID</u>
CITY OF WOODLAND			
Fees Due	Amount	Account	Fees Due Amount Account
Building Permit	<u>125.25</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>81.41</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 \$211.16
School Impact Fees		650 345 85 00	Receipt Number Amount Date Initial
Fire Impact Fees		351 345 85 00	<u>106362</u> <u>\$211.16</u> <u>5-17-16</u> [Redacted]
Park Impact Fees		352 345 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. RME-16-020
 Date 5/10/16

Applicant Name Jeff Larson/Blairco, Inc.		Title (if owner, state OWNER) GM/Controller	Daytime Phone: 360-695-1476
Property Owner Mark Korpela		Mailing Address, City, State & Zip	Daytime Phone:
Contractor Blairco, Inc.		Business Address, City, State & Zip 7609 MacArthur Blvd.	Daytime Phone: 360-695-1476
City of Woodland Business License Number 16-000049.1		Washington State Labor & Industries Number and Expiration Date	
Project Address 2010 Cimerron Street, Woodland 98674		Subdivision/Legal Description Cimerron Blk:2 Lot:1	Parcel Number 5- 01324013
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 checked="" type="checkbox"/> Remodel/Alter <input type="checkbox"/> Addition <input type="checkbox"/> New <input type="checkbox"/> Move <input type="checkbox"/> Repair <input type="checkbox"/> _____	

PLUMBING:	MECHANICAL:
Fixtures (or set) on one trap _____ Building or Trailer Park Sewer _____ Rainwater System Drains (inside) _____ Private Sewage System _____ Water Heaters and/or 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 _____	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 _____ • 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 Carrier Heat Pump Model 25HCE424A003 and Carrier Air Handler FB4CNP024

PAID

MAY 18 2016

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PERMIT \$ 5500.00

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

5/10/16
DATE

CITY OF WOODLAND

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Project Address/Location: <u>2010 Cimerron St.</u>		<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		<u>5-16-16</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>\$90.00</u>	001 322 10 00	Other			
Other				Other			
Received By:		Date <u>5-18-16</u>	Receipt Number <u>106381</u>	Total Due <u>\$ 90.00</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. RME-16-013
 Date 4/20/16

Applicant Name Blairco, Inc.	Title (if owner, state OWNER) Contractor	Daytime Phone: 360-695-1476
Property Owner Aaron Zezas	Mailing Address, City, State & Zip [REDACTED]	Daytime Phone: Unknown
Contractor Blairco, Inc.	Business Address, City, State & Zip 7609 MacArthur Blvd. Vancouver, WA 98664	Daytime Phone: 360-695-1476
City of Woodland Business License Number 16-000049.1	Washington State Labor & Industries Number and Expiration Date BLAIRI*087J1 01/17/2017	
Project Address 91 River Rock Lane #D	Subdivision/Legal Description Account R041943	Parcel Number 5- 02359004

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)
.....	Repair/Alteration/Addition to Appliance	Hood w/ mechanical exhaust
.....	Boilers/Compressors to 3hp (heat pump) 1	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:

Add air conditioner and indoor coil to existing system.

PAID

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PERMIT \$ 3300.00 **MAY 18 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] 4/20/16
 APPLICANT'S SIGNATURE DATE

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Project Address/Location <u>91 River Rock Lane #D</u>	<input type="checkbox"/> First Plumbing Permit <input type="checkbox"/> First Mechanical Permit	Permit Type: 36	Flood Zone: A
Permit Approval	Initial	Date	COMMENTS
Mechanical	[REDACTED]	<u>5-5-16</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>\$65.00</u>	001 322 10 00	Other			
Other				Other			
Received By: [REDACTED]	Date	<u>5-18-16</u>	Receipt Number			Total Due	<u>\$65.00</u>
			<u>106379</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. **FEN-16-006**
Date Received: **5/16/16**

APPLICANT		Name: Harold Nunn	Phone: [Redacted]
Mailing Address: [Redacted]			
OWNER		Name: Harold & Kathleen Nunn	Phone: [Redacted]
Mailing Address, City State Zip: [Redacted]			
CONTRACTOR		Name: [Redacted]	Phone: [Redacted]
Mailing Address, City State Zip: [Redacted]		Contact Person: [Redacted]	
City Business License #	State Contractors License #	Phone:	
		Email Address:	

PROPERTY ADDRESS
448 S Twin Flower Drive, Woodland, Washington 98674

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

Occupancy (uses): Residential

Lot # 7 Parcel Number 508150107

Type of Project: New Remodel Add On Repair Demolition Other

No. of Units	No. of Bedrooms	No. of Bathrooms
No. of Stories	Building Height	Total Square Feet

Describe Project and Specific Use in Detail:
Add 6' tall fence on north property line.

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PROJECT \$ 700.00

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 voided. *Signature of the applicant to arrange for ANY INSPECTIONS for this project.*

[Redacted Signature] Date: 05/19/16

[Redacted Signature] Date: 05/19/16

DO NOT WRITE BELOW - FOR OFFICE USE ONLY

Setbacks: Front: 25' RT Side: 5' LT Side: 5' Back: 15' Zone: UDR Permit Type: Flood Zone: PAID

Approvals	Initial	Date	Comments
Civil Plans	[Redacted]		
Planning Department	[Redacted]	5/11/16	Setbacks met.
Drainage/Erosion Control	[Redacted]		
Fire/Life Safety	[Redacted]		
Building	[Redacted]	5-18-16	

Amount		Account		Fees Due		Amount		CITY OF WOODLAND	
								Account	
Building Permit	\$55.00	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		001 322 10 20	Sewer Assessment					422 368 10 00	
Surcharge	\$4.50	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						
School Impact Fees		650 345 85 00	Receipt Number						
Fire Impact Fees		351 345 85 00	Amount						
Park Impact Fees		352 345 85 00	Date						
Transp. Impact Fees		353 345 85 00	Initial						

\$59.50
106403
\$59.50
5-19-16

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. RME-16-021
 Date 5/19/16

Applicant Name <u>enteK</u>		Title (if owner, state OWNER)	Daytime Phone:
Property Owner <u>Bob Kofstad</u>		Mailing Address, City, State & Zip	
Contractor <u>enteK</u>		Business Address, City, State & Zip <u>1021 Columbia Blvd Longview WA 98632</u>	Daytime Phone: <u>360-473-3010</u>
City of Woodland Business License Number		Washington State Labor & Industries Number and Expiration Date <u>enteK CX 893WE 1/17</u>	
Project Address <u>230 Ually way</u>		Subdivision/Legal Description	Parcel Number <u>5-04217009</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 type="checkbox"/> New <input type="checkbox"/> Move <input type="checkbox"/> Repair <input type="checkbox"/> _____	

PLUMBING:	MECHANICAL:
Fixtures (or set) on one trap Building or Trailer Park Sewer Rainwater System Drains (inside) Private Sewage System Water Heaters and/or 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	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 <u>1</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 Other

Describe Project and Specific Use in Detail:
Ductless HEAT PUMP

PAID
MAY 23 2016
 CITY OF WOODLAND

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

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: [Signature] DATE: 5/19/16

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Project Address/Location:		<input type="checkbox"/> First Plumbing Permit	Permit Type: 36	Flood Zone: A			
		<input type="checkbox"/> First Mechanical Permit					
Permit Approval	Initial	Date	COMMENTS				
Mechanical	[Signature]	<u>5-20-16</u>					
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		<u>\$65.00</u>	001 322 10 00	Other			
Other				Other			
Received By: <u>[Signature]</u>	Date	<u>5-23-16</u>	Receipt Number	<u>106431</u>	Total Due	<u>\$65.00</u>	



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. ACC-16-004
 Date Received: 5/19/16

APPLICANT Name: DONNA CARNES Phone: [REDACTED]
 [REDACTED]
 [REDACTED]

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

PROPERTY ADDRESS 941 HOFFMAN STREET Lot #: [REDACTED] Parcel Number: 5-0267
 Fill & Grade/Excavation with this project? Yes [] No [X] Total Quantity of Earthwork: _____ **CY**
 Type of Project [] New [] Add On [] Demolition [] Remodel [] Repair [] Other _____
 Occupancy (use): _____ No. of Units: _____ No. of Bedrooms: _____ No. of Bathrooms: _____
 No. of Stories: _____ Building Height: _____ Total Square Feet: _____

Describe Project and Specific Use in Detail:
12 X 40 metal CARPORT NOT enclosed only roof

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PROJECT \$ 3107.15
 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 penalty of the applicant to arrange for ANY INSPECTIONS for this project.
 [REDACTED] Date: 5/19/16
 Applicant's Signature: _____ Date: _____

DO NOT WRITE BELOW - FOR OFFICE USE ONLY

Setbacks: Front: _____ RT Side: _____ LT Side: _____ Back: _____ Zone: LDR-6 Permit Type: 31 Flood Zone: B

Approvals	Initial	Date	Comments
Civil Plans	[REDACTED]		
Planning Department	[REDACTED]	<u>5/20/16</u>	<u>MAX. 50% lot coverage</u>
Drainage/Erosion Control	[REDACTED]		
Fire/Life Safety	[REDACTED]		
Building	[REDACTED]	<u>5/24/16</u>	

Fees Due	Amount	Account	Fees Due	Amount	Account
Building Permit	<u>97.25</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		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>\$101.75</u>	
School Impact Fees		650 345 85 00	Receipt Number		
Fire Impact Fees		351 345 85 00	Amount		
Park Impact Fees		352 345 85 00	Date	<u>5/23</u>	
Transp. Impact Fees		353 345 85 00	Initial		

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. RME-16-022
 Date: 5/19/16

Applicant Name REQUIRED <u>Wolfers Home Services</u>		Title (if owner, state OWNER)	Daytime Phone:
Property Owner REQUIRED <u>Jackie Casey</u>		Mailing Address, City, State & Zip	Daytime Phone:
Contractor REQUIRED <u>Wolfers</u>		Business Address, City, State & Zip <u>1365 N Front St. Woodburn, Or</u>	Daytime Phone: <u>503-981-4511</u>
City of Woodland Business License Number REQUIRED <u>15-000325.5</u>	Washington State Labor & Industries Number and Expiration Date REQUIRED <u>WOLFEI #9116Pl6</u>		
Project Address REQUIRED <u>575 Embassy Loop</u>	Subdivision/Legal Description REQUIRED	Parcel Number REQUIRED <u>5-01810360</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 type="checkbox"/> New <input type="checkbox"/> Move <input type="checkbox"/> Repair <input type="checkbox"/>		

PLUMBING:	MECHANICAL:
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	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 air conditioner

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PERMIT \$ 8,883 **REQUIRED**

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] 5-18-16
 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: 36	Flood Zone: A PAID			
Permit Approval	Initial	Date	COMMENTS				
Mechanical	[Signature]	<u>5-20-16</u>	MAY 23 2016				
Plumbing			CITY OF WOODLAND				
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>\$60.00</u>	.001 322 10 00	Other			
Other				Other			
Received By: [Signature]	Date	Receipt Number		Total Due			
	<u>5-23-16</u>	<u>106421</u>		<u>\$60.00</u>			

KPL 16-011

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. 215-186
Date 11/10/15

Applicant Name <u>JEFF LEUTHOLD</u>	Title (if owner, state OWNER) <u>OWNER</u>	Daytime Phone: [REDACTED]
Property Owner <u>SAWE</u>	Mailing Address, City, State & Zip	Daytime Phone:
Contractor <u>SAWE</u>	Business Address, City, State & Zip	Daytime Phone:
City of Woodland Business License Number	Washington State Labor & Industries Number and Expiration Date <u>JEFF * 02128</u>	
Project Address <u>747 GOERIG</u>	Subdivision/Legal Description	Parcel Number <u>5-0121</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 _____
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 <u>1</u>	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:

SUPPLEMENTAL TO 215-186

PAID

MAY 24 2016

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

APPLICANT'S SIGNATURE: [REDACTED]

DATE: 11/10/15

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Project Address/Location: 747 Goerig

First Plumbing Permit First Mechanical Permit

Permit Type: 36 Flood Zone: B

Permit Approval	Initial	Date	COMMENTS
Mechanical	[REDACTED]		
Plumbing	[REDACTED]	<u>11-10-15</u>	
Fire/Life Safety			

FEES DUE	Req'd	Amount	Account	FEES DUE	Req'd	Amount	Account
Plumbing Permit		<u>\$30.00</u>	001 322 10 00	Other			
Mechanical Permit			001 322 10 00	Other			
Other				Other			

Received By: _____ Date: 5/24 Receipt Number: _____ Total Due: \$ 30.00



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. RNC-16-011

Date Received: 5/2/16

APPLICANT		Name: <u>Scott Bartholet</u>	Phone:
Mailing Address, City, State Zip		Email Address:	
PROPERTY OWNER		Name	Phone:
Mailing Address, City State, Zip		Email Address:	
GENERAL CONTRACTOR	Business Name	Contact Person	
Mailing Address, City State, Zip		Phone:	
City Business License #		State Contractors License #	
Mailing Address, City State, Zip		Email Address:	
PROPERTY ADDRESS		Lot #	Parcel Number @ G.M.A.I.L.C.O.M
Fill & Grade/Excavation with this project?		Type of Project	
Yes [] No [] Total Quantity of Earthwork: <u>CY</u>		[] New [] Add On [] Demolition [] Remodel [] Repair [] Other	
Occupancy (uses):		No. of Units	No. of Bedrooms
		1	
		No. of Stories	Building Height
		1	
		No. of Bathrooms	Total Square Feet

Describe Project and Specific Use in Detail:

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PROJECT \$ 191,398.39
 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.*

PAID

Owner's Signature: _____ Date: MAY 27 2016
 Applicant's Signature: _____ Date: May 2-16

DO NOT WRITE BELOW - FOR OFFICE USE ONLY CITY OF WOODLAND

Setbacks: Front: 25' RT Side: 5' LT Side: 5' Back: 15' Zone: LDL-6 Permit Type: 1 Flood Zone: A

Approvals	Initial	Date	Comments
Civil Plans			
Planning Department			
Drainage/Erosion Control			
Fire/Life Safety			
Building			

Fees Due		CITY OF WOODLAND	
Amount	Account	Fees Due	Amount
Building Permit	1,508.95	001 322 10 00	Water Assessment
Plan Review Pre-payment	\$600.00	001 322 10 20	Meter Deposit
Plan Review Balance	380.82	001 322 10 20	Sewer Assessment
Surcharge	4.50	001 322 10 00	Sewer Inspection
Grading/Excavating		001 322 10 00	Roadway Access
Floodplain Mgt.	100.00	001 345 89 00	TOTAL
School Impact Fees	2750	650 345 85 00	Receipt Number
Fire Impact Fees	1530	351 345 85 00	Amount
Park Impact Fees	1116	352 345 85 00	Date
Transp. Impact Fees	838	353 345 85 00	Initial

Copies: 46 pages x .15¢ = 6.90¢

Form Revised 5/2014

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. CPL-16-008
 Date 5/26/16

Applicant Name <u>Sarkinen Plumbing</u>		Title (if owner, state OWNER)	Daytime Phone:
Property Owner <u>Old Town Grill</u>		Mailing Address, City, State & Zip <u>128 Davidson</u>	Daytime Phone:
Contractor <u>Sarkinen Plumbing</u>		Business Address, City, State & Zip <u>4502 NE 72nd Ave Vanc. WA 98665</u>	Daytime Phone: <u>360 882 2034</u>
City of Woodland Business License Number <u>160002621</u>		Washington State Labor & Industries Number and Expiration Date <u>SARK1P1946MF</u>	
Project Address <u>Old Town Grill / Next to Fire Dept.</u>		Subdivision/Legal Description	Parcel Number <u>5-0593</u>

Type of Facility: <input type="checkbox"/> Residential <input checked="" 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 type="checkbox"/> New <input type="checkbox"/> Move <input checked="" type="checkbox"/> Repair <input type="checkbox"/>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

PLUMBING: Fixtures (or set) on one trap Building or Trailer Park Sewer <u>1</u> Rainwater System Drains (inside) Private Sewage System Water Heaters and/or 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
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Describe Project and Specific Use in Detail:
fixing sewer mainline in alleyway between old Town Grill and Fire Dept.

PAID
 MAY 27 2016

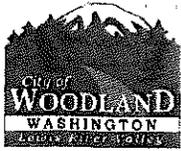
TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PERMIT \$ _____

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 _____ DATE 5/26/16
 CITY OF WOODLAND

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Project Address/Location:		<input type="checkbox"/> First Plumbing Permit	Permit Type: 36	Flood Zone:			
		<input type="checkbox"/> First Mechanical Permit					
Permit Approval	Initial	Date	COMMENTS				
Mechanical							
Plumbing		<u>5-27-16</u>					
Fire/Life Safety							
FEES DUE	Req'd	Amount	Account	FEES DUE	Req'd	Amount	Account
Plumbing Permit		<u>59-</u>	001 322 10 00	Other			
Mechanical Permit			001 322 10 00	Other			
Other				Other			
Received By:	Date	Receipt Number		Total Due \$ <u>59-</u>			
	<u>5/27</u>						



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 # FLS-116-008 Parcel #: 507810107 Fire Marshal # FRI201
 Job Address: 1570 Guild Road Woodland, WA 98764
 Occupant: Northwood Cabinets
 Owner: Northwood Cabinets Address: 1570 Guild Road Woodland, WA 98764
 Contractor: Fire Systems West Business License # FIRESWI140B1
 Address: 600 SE Maritime Avenue Vancouver WA 98661
 E-mail: DavidA@firesystemswest.com Phone: 360.693.9906 Mobile: 503.544.7323
 Contact Person: David Aswani Address: 600 SE Maritime Avenue Vancouver, WA 98661
 E-mail: DavidA@firesystemswest.com Phone: 360.693.9906 Mobile: 503.544.7323
 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

MAY 27 2016

CITY OF WOODLAND

PAID

MAY 11 2016

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.

Applicant: David Aswani
 Phone: 360.693-9906

Date submitted: 5/10/16
 E-mail: DavidA@firesystemswest.com

Comments:

Amount	Type	ACCOUNT	Receipt #	Date Paid	Initials
\$ 150.00	Payment	001 386 00 00 01	106176	5-11-16	J
\$ 352.00	Fees - Pre Payment	001 386 00 00 01		5/27	
\$ 50.20	Admin (10% fee)	001 341 42 00 00			
\$ 402.20	BALANCE	NA			



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. CRF-16-002

Date Received: 5/26/16

APPLICANT		Name Roof Toppers Inc	Phone: 360-574-7248
Mailing Address, City, State Zip 5709 NE 88th st Vancouver, WA 98661		Email Address:	
PROPERTY OWNER		Name Woodland School District	Phone:
Mailing Address, City State, Zip		Email Address:	
GENERAL CONTRACTOR		Business Name Roof Toppers	Contact Person Dylan Yetlick
Mailing Address, City State, Zip 5709 NE 88th st Vancouver, WA 98661		Phone:	
City Business License # 16-000258,2		State Contractors License # ROOFTI*0770A	
Email:			
PROPERTY ADDRESS 755 Park St			Parcel Number 50482
Fill & Grade/Excavation with this project? Yes <input type="checkbox"/> No <input type="checkbox"/> Total Quantity of Earthwork: _____ CY		Type of Project	<input 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): Middle School		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 and dispose of existing roofing, provide and install a mechanically attached 60mil TPO over a 1" CD board.

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PROJECT \$ 40,097.29

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) 226-7999.

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.

Applicant's Signature: SCOTT LANDRIGAN Date: 5/25/16 WOODLAND SCHOOLS
 Applicant's Signature: [Signature] Date: 5/26/16

DO NOT WRITE BELOW - FOR OFFICE USE ONLY

Comments: Application Complete. Zone: P6PI Permit Type: 34 Flood Zone: B

Approvals	Initial	Date	Comments
Civil Plans			
Planning Department			
Drainage/Erosion Control			
Fire/Life Safety			
Building		<u>5-31-16</u>	

PAID

MAY 31 2016

Fees Due	Amount	Account	Fees Due	Amount	Account
Building Permit	<u>100</u>	001 322 10 00	Fire Impact Fees		001 348 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		101 322 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>106517</u>	<u>104.50</u>
School Impact Fees		650 345 85 00			Date
Transp. Impact Fees		353 345 85 00			<u>5-31-16</u>
					Initial
					<u>[Signature]</u>