



Commercial & Multifamily Building Permit Application

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

Phone: (360) 225-7299

PRINT IN INK OR TYPE

(Separate Mechanical & Plumbing Permits Required)

FOR OFFICE USE ONLY

Permit No. 215-083

Date Received: 5/18/15

APPLICANT		Name Brett Fleager	Phone: [REDACTED]
Mailing Address, City, State, Zip [REDACTED]		Email Address: [REDACTED]	
PROPERTY OWNER		Name Same as applicant	Phone: [REDACTED]
Mailing Address, City, State, Zip		Email Address:	
GENERAL CONTRACTOR		Business Name DeRosier Trucking	Contact Person Scott DeRosier
Mailing Address, City, State, Zip 3627 Pleasantville Rd, Kelso, WA 98626		Phone: 360-577-1636	
City Business License #		State Contractors License # DEROSTI011QE	Email:
PROPERTY ADDRESS		Parcel Number	
<u>1875 Belmont Road Woodland WA 98674</u>		<u>504211606</u>	
Fill & Grade/Excavation with this project? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Total Quantity of Earthwork: <u>2420</u> 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):		No. of Units	No. of Bedrooms
		No. of Stories	Building Height
		Total Square Feet	
Describe Project and Specific Use in Detail: Fill and grade 2,420 cy for site development			
TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PROJECT \$ <u>17,500</u>			
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. <i>It is the responsibility of the applicant to arrange for ANY INSPECTIONS for this project.</i>			
Owner's Signature [REDACTED]		Date <u>10/5/15</u>	PAID
Applicant's Signature		Date	OCT 05 2015
DO NOT WRITE BELOW - FOR OFFICE USE ONLY			
Comments: Application Complete:		Zone: <u>C-2</u>	Permit Type: <u>39</u> Flood Zone: <u>B</u>
Approvals	Initial	Date	Comments
Civil Plans			
Planning Department			
Drainage/Erosion Control			
Fire/Life Safety			
Building	[REDACTED]	<u>10-5-15</u>	
Fees Due	Amount	Account	Fees Due
Building Permit	\$	001 322 10 00	Amount
Plan Review Pre-payment		001 322 10 20	Account
Plan Review Balance	<u>49.25</u>	001 322 10 20	351 345 85 00
Surcharge	<u>4.50</u>	001 322 10 00	352 345 85 00
Grading/Excavating	<u>\$209.00</u>	001 322 10 00	104 322 40 00
Floodplain Mgt.		001 345 89 00	TOTAL
School Impact Fees		650 345 85 00	<u>\$262.75</u>
Transp. Impact Fees		353 345 85 00	Receipt Number
			Amount
			Date
			Initial
			<u>103 284</u>
			<u>\$262.75</u>
			<u>10-5-15</u>
			[REDACTED]



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

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(Separate Mechanical & Plumbing Permits Required)

FOR OFFICE USE ONLY

Permit No. 215-114

Date Received: 7/2/15

APPLICANT	Name <u>Tapari Inc.</u>	Phone: <u>360-687-1148</u>
	Mailing Address, City, State Zip <u>P.O. Box 1900 Battle Ground WA 98604</u>	Email Address: <u>chadmi@tapari.com</u>
PROPERTY OWNER	Name <u>The Promise Church</u>	Phone: [REDACTED]
	Mailing Address, City, State, Zip [REDACTED]	Email Address: [REDACTED]
GENERAL CONTRACTOR	Business Name <u>Tapari Inc.</u>	Contact Person <u>J</u>
	Mailing Address, City State, Zip <u>P.O. Box 1900 Battle Ground WA 98604</u>	Phone: <u>360-687-1148</u>
	City Business License # <u>290.8</u>	State Contractors License # <u>TAPARI 8830E</u>
		Email: <u>chadmi@tapari.com</u>
PROPERTY ADDRESS		Parcel Number
<u>101 Hillshire Drive Woodland WA 98674</u>		<u>5-0642</u>
Fill & Grade/Excavation with this project? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Total Quantity of Earthwork: <u>499</u> 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 checked="" type="checkbox"/> Other <u>Landscaping</u>
Occupancy (uses):		No. of Units
		No. of Bedrooms
		No. of Bathrooms
		No. of Stories
		Building Height
		Total Square Feet

Describe Project and Specific Use in Detail: Filling in low spots of field.

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

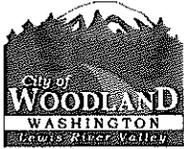
NOTICE: Separate permits and approvals may be required for this project. This permit may expire if work does not commence within 180 days of approval or if work is suspended or abandoned for a period of 180 days. Issuance of a permit does not authorize any work in public right-of-way or on utility easements.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

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Owner's Signature: [REDACTED] Date: 6-25-15
 Applicant's Signature: [REDACTED] Date: 6-25-15

DO NOT WRITE BELOW - FOR OFFICE USE ONLY

Comments: Application Complete:		Zone: <u>HDR</u>	Permit Type: <u>39</u>	Flood Zone: <u>A-15</u>
Approvals		Comments: PAID		
Civil Plans	Initial	Date	OCT 12 2015	
Planning Department	[REDACTED]	<u>7/2/15</u>		
Drainage/Erosion Control	[REDACTED]			
Fire/Life Safety	[REDACTED]	<u>7/8/15</u>		
CITY OF WOODLAND				
Fees Due	Account	Fees Due	Amount	Account
Building Permit		Fire Impact Fees		351 345 85 00
Plan Review Pre-payment		Park Impact Fees		352 345 85 00
Plan Review Balance		Roadway Access		104 322 40 00
Surcharge		TOTAL	<u>\$148.50</u>	
Grading/Excavating		Receipt Number	Amount	Date
Floodplain Mgt.		<u>103352</u>	<u>148.50</u>	<u>10-12-15</u>
School Impact Fees				Initial: [REDACTED]
Transp. Impact Fees				



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

Permit No. 215-166
 Date Received: 9/15/15

APPLICANT		Name <u>Michanna Bond</u>	Phone: [REDACTED]
Mailing Address, City, State Zip		[REDACTED]	Email Address: [REDACTED]
PROPERTY OWNER		Name <u>same</u>	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 #	Email:

PROPERTY ADDRESS		Parcel Number	
<u>236 Davidson Ave</u>		<u>5-0028</u>	
Fill & Grade/Excavation with this project? Yes [] No [] Total Quantity of Earthwork: <u>CY</u>		Type of Project	[] New [] Add On [] Demolition [x] Remodel [] Repair [] Other
Occupancy (uses): <u>offices IT work</u> <u>exterior shell</u>		No. of Units <u>2</u>	No. of Bedrooms <u>2</u>
		No. of Stories <u>1</u>	Total Square Feet <u>1785</u>

Describe Project and Specific Use in Detail:

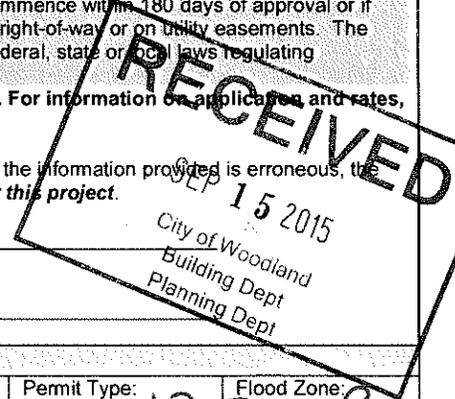
TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PROJECT \$ 40,000

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

 Date: 8/26/15

 Date: 8/26/15



DO NOT WRITE BELOW - FOR OFFICE USE ONLY

Comments: Application Complete: Zone: C-1 Permit Type: PAID Flood Zone: B

Approvals	Initial	Date	Comments
Civil Plans			
Planning Department			
Drainage/Erosion Control			
Fire/Life Safety			
Building		<u>10-15</u>	

OCT 01 2015
 CITY OF WOODLAND

Fees Due	Amount	Account	Fees Due	Amount	Account
Building Permit	<u>\$542.75</u>	001 322 10 00	Fire Impact Fees		351 345 85 00
Plan Review Pre-payment		001 322 10 20	Park Impact Fees		352 345 85 00
Plan Review Balance	<u>352.79</u>	001 322 10 20	Roadway Access		104 322 40 00
Surcharge	<u>4.50</u>	001 322 10 00	TOTAL	<u>\$900.04</u>	
Grading/Excavating		001 322 10 00	Receipt Number	Amount	Date
Floodplain Mgt.		001 345 89 00	<u>103241</u>	<u>900.04</u>	<u>10-1-15</u>
School Impact Fees		650 345 85 00			Initial
Transp. Impact Fees		353 345 85 00			[REDACTED]



One and Two Family Building Permit Application

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

Phone: (360) 225-7299

PRINT IN INK OR TYPE

(Separate Mechanical & Plumbing Permits Required)

FOR OFFICE USE ONLY

Permit No. 215-171

Date Received: _____

APPLICANT		Name: <u>Karlson Development LLC</u>		Phone: [REDACTED]		
Mailing Address, City, State, Zip		[REDACTED]		Email Address: [REDACTED]		
PROPERTY OWNER		Name: <u>Same</u>		Phone: _____		
Mailing Address, City, State, Zip		[REDACTED]		Email Address: _____		
GENERAL CONTRACTOR		Business Name: <u>Karlson Development LLC</u>		Contact Person: <u>Diane Karlson</u>		
Mailing Address, City, State, Zip		[REDACTED]		Phone: _____		
City Business License #		State Contractors License #		Email Address:		
<u>14-000126.7</u>		<u>KARLSON & SOLE</u>		<u>Diane Karlson</u>		
Property Address		Parcel Number		[REDACTED]		
<u>1837 Willow St Woodland</u>		<u>507060153</u>		[REDACTED]		
Fill & Grade/Excavation with this project?		Type of Project		[] Add On [] Demolition		
Yes [] No [X] Total Quantity of Earthwork: <u>CY</u>		[X] New [] Remodel [] Repair [] Other		[] Repair [] Other		
Occupancy (uses):		No. of Units	No. of Bedrooms	No. of Bathrooms		
<u>New construction single family</u>				<u>2</u>		
		No. of Stories	Building Height	Total Square Feet		
		<u>1</u>	<u>20</u>	<u>214,056.05</u>		
Describe Project and Specific Use in Detail:						
<u>New construction single family</u>						
TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PROJECT \$ <u>165,800.00</u>						
NOTICE: Separate permits may be required for this project. This permit is valid for work to be completed within 180 days of approval or if not used within 180 days, a permit extension fee will be assessed. This permit is not valid for work on public right-of-way or on utility easements. The granting of a permit does not constitute a warranty of any kind by the City of Woodland. The applicant is responsible for obtaining all necessary permits from other agencies. The City of Woodland is not responsible for any delays or costs incurred by the applicant due to the actions of other agencies. The City of Woodland is not responsible for any delays or costs incurred by the applicant due to the actions of other agencies. The City of Woodland is not responsible for any delays or costs incurred by the applicant due to the actions of other agencies.						
I hereby certify that I have read and examined this application and know the same to be true and correct, and if any of the information provided is erroneous, the permit or approval may be revoked. It is the responsibility of the applicant to arrange for ANY INSPECTIONS for this project.						
Owner's Signature		[REDACTED]		Date: <u>9-4-15</u>		
Applicant's Signature		[REDACTED]		Date: <u>9-4-15</u>		
DO NOT WRITE BELOW - FOR OFFICE USE ONLY						
Setbacks:	Front: <u>25'</u>	Side: <u>5'</u>	Back: <u>15'</u>	Zone: <u>LDR-6</u>	Permit Type: <u>1</u>	Flood Zone: <u>A</u>
Approvals	Initial	Date	Comments			
Civil Plans						
Planning Department	[REDACTED]	<u>10/16/15</u>				
Drainage/Erosion Control						
Fire/Life Safety						
Building	[REDACTED]	<u>10-5-15</u>				
Fees Due	Amount	Account	Fees Due	Amount	Account	
Building Permit	<u>1637.75</u>	001 322 10 00	Water Assessment	<u>3241.00</u>	421 368 10 10	
Plan Review Pre-payment	<u>6000.00</u>	001 322 10 20	Meter Deposit	<u>696.00</u>	401 389 00 00	
Plan Review Balance	<u>464.54</u>	001 322 10 20	Sewer Assessment	<u>4920.00</u>	422 368 10 00	
Surcharge	<u>4.50</u>	001 322 10 00	Sewer Inspection	<u>232.00</u>	402 369 90 10	
Grading/Excavating		001 322 10 00	Roadway Access	<u>86.85</u>	104 322 40 00	
Floodplain Mgt.	<u>100.00</u>	001 345 89 00	TOTAL	<u>\$17,616.64</u>		
School Impact Fees	<u>2750.00</u>	350 345 85 00	Receipt Number	Amount	Date	
Fire Impact Fees	<u>1530.00</u>	351 345 85 00	<u>103138</u>	<u>600.00</u>	<u>9-22-15</u>	
Park Impact Fees	<u>1116.00</u>	352 345 85 00	<u>103338</u>	<u>17,616.64</u>	<u>10-9-15</u>	
Transp. Impact Fees	<u>838.00</u>	353 345 85 00				

RECEIVED

SEP 22 2015

City of Woodland
Building Dept
Planning Dept

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. 215-172
 Date 9/22/15

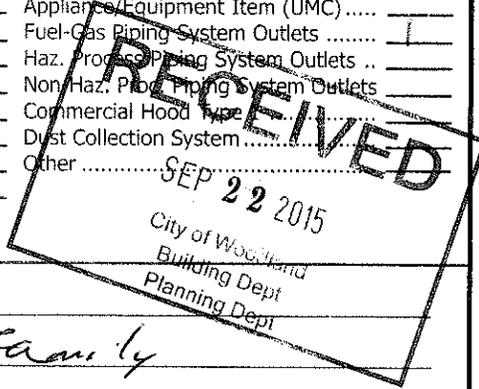
Applicant Name <u>Karlson Development LLC</u>		Title (if owner, state OWNER) <u>Owner</u>	Daytime Phone: [REDACTED]
Property Owner <u>Same</u>		Mailing Address, City, State & Zip [REDACTED]	Daytime Phone:
Contractor <u>Same</u>		Business Address, City, State & Zip <u>Vanco Wa. 98667</u>	Daytime Phone:
City of Woodland Business License Number <u>14-00176.7</u>		Washington State Labor & Industries Number and Expiration Date <u>Ka-1506980 LE</u>	
Project Address <u>1837 Willow St</u>		Subdivision/Legal Description <u>Lot S3 Meriwether Estates</u>	Parcel Number <u>5-07060153</u>
Type of Facility: <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Educational <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> _____	Work Type: <input type="checkbox"/> Demolish <input type="checkbox"/> Remodel/Alter <input type="checkbox"/> Addition <input checked="" type="checkbox"/> New <input type="checkbox"/> Move <input type="checkbox"/> Repair <input type="checkbox"/> _____		

PLUMBING:

Fixtures (or set) on one trap	<u>8</u>
Building or Trailer Park Sewer	<u>1</u>
Rainwater System Drains (inside)	_____
Private Sewage System	_____
Water Heaters and/or Vents	<u>1</u>
Gas Piping Systems of 1 to 5 vents	<u>1</u>
Gas Piping Systems over 5 vents	_____
Industrial Waste Interceptors	_____
Installations/Alterations/ Repairs of:	
• Water Piping	<u>1</u>
• Water Treating Equipment	_____
• Medical Gas Piping	_____
Fixtures with drain/vent repairs or alterations	_____
Lawn Sprinkler System with Backflow Device	<u>1</u>
Vacuum Breakers not with Sprinkler	_____
Backflow Protective Devices to 2" diameter	_____
Backflow Protective Devices over 2" diameter	_____

MECHANICAL:

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



Describe Project and Specific Use in Detail:
New construction single family

PAID
OCT 09 2015

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

[REDACTED SIGNATURE] 9-4-15
 APPLICANT'S SIGNATURE DATE

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Project Address/Location:		<input type="checkbox"/> First Plumbing Permit	Permit Type: 36	Flood Zone: A			
<input type="checkbox"/> First Mechanical Permit							
Permit Approval	Initial	Date	COMMENTS				
Mechanical	[REDACTED]	<u>10-5-15</u>					
Plumbing	[REDACTED]						
Fire/Life Safety							
FEES DUE	Req'd	Amount	Account	FEES DUE	Req'd	Amount	Account
Plumbing Permit		<u>\$169.00</u>	001 322 10 00	Other			
Mechanical Permit		<u>\$166.00</u>	001 322 10 00	Other			
Other				Other			
Received By: [REDACTED]	Date	<u>10-9-15</u>	Receipt Number	<u>103337</u>	Total Due \$ 335.00		



Commercial & Multifamily Building Permit Application

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

PRINT IN INK OR TYPE

(Separate Mechanical & Plumbing Permits Required)

FOR OFFICE USE ONLY

Permit No. 215-173

Date Received: 9/30/15

APPLICANT	Name John Zaimes	Phone: [REDACTED]
Mailing Address, City, State, Zip [REDACTED]		Email Address: [REDACTED]
PROPERTY OWNER	Name Columbia River Carbonates	Phone: [REDACTED]
Mailing Address, City, State, Zip [REDACTED]		Email Address: [REDACTED]
GENERAL CONTRACTOR	Business Name TBD	Contact Person
Mailing Address, City, State, Zip [REDACTED]		Phone: [REDACTED]
City Business License #	State Contractors License #	Email:

PROPERTY ADDRESS
301 North Pekin Road, Woodland, WA 98674 Parcel Number: 507350116

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): T-Mobile Telecommunications Facility	No. of Units	No. of Bedrooms	No. of Bathrooms
	No. of Stories	Building Height	Total Square Feet

Describe Project and Specific Use in Detail: Replace (3) existing antennas for (3) new antennas. Install (3) FRLB's behind new antennas. Install (1) new cabinet on existing equipment pad on the ground. INSTALL EQUIPMENT W/IN (6) CABINET

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

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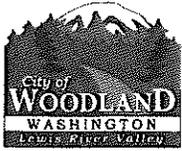
I hereby certify that I have read and examined this application and know the same to be true and correct, and if any of the information provided is erroneous, the permit or approval may be revoked. **It is the responsibility of the applicant to arrange for ANY INSPECTIONS for this project.**

Owner's Signature: _____ Date: 09/30/2015

Applicant's Signature: _____ Date: _____

DO NOT WRITE BELOW - FOR OFFICE USE ONLY

Comments: Application Complete:	Zone: <u>I-2</u>	Permit Type: <u>31</u>	Flood Zone: <u>B</u>
Approvals	Initial	Date	Comments
Civil Plans			
Planning Department			
Drainage/Erosion Control			
Fire/Life Safety			
Building		<u>10-8-15</u>	
Fees Due	Amount	Account	Fees Due
Building Permit	<u>251.25</u>	001 322 10 00	Fire Impact Fees
Plan Review Pre-payment		001 322 10 20	Park Impact Fees
Plan Review Balance	<u>163.31</u>	001 322 10 20	Roadway Access
Surcharge	<u>4.50</u>	001 322 10 00	TOTAL
Grading/Excavating		001 322 10 00	Amount
Floodplain Mgt.		001 345 89 00	Date
School Impact Fees		650 345 85 00	Initial
Transp. Impact Fees		353 345 85 00	
		Receipt Number	Amount
		<u>103327</u>	<u>\$419.06</u>
			<u>10-8-15</u>
			[REDACTED]



Commercial & Multifamily Building Permit Application

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

PRINT IN INK OR TYPE

(Separate Mechanical & Plumbing Permits Required)

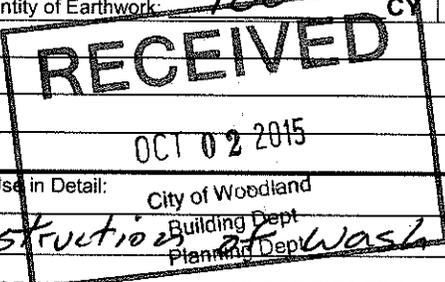
FOR OFFICE USE ONLY

Permit No. 215-0174

Date Received: 10/2/15

APPLICANT		Name <u>Chilton Logging Inc.</u>	Phone: [REDACTED]
Mailing Address, City, State Zip		[REDACTED]	Email Address: [REDACTED]
PROPERTY OWNER		Name <u>- same -</u>	Phone: [REDACTED]
Mailing Address, City State, Zip		[REDACTED]	Email Address: [REDACTED]
GENERAL CONTRACTOR		Business Name <u>Chilton Custom Homes</u>	Contact Person <u>Randy Larson / Stephen Hart</u>
Mailing Address, City State, Zip		<u>1760 Downriver Dr. Woodland WA 98674</u>	Phone: <u>360 225 0427</u>
City Business License # <u>000068.2</u>	State Contractors License # <u>Chitch 935JL</u>	Email: <u>Chiltoncustomhomes@aol.com</u>	

PROPERTY ADDRESS		<u>1760 Downriver Dr. Woodland</u>		Parcel Number <u>506800181</u>	
Fill & Grade/Excavation with this project? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Total Quantity of Earthwork: <u>100</u> cu	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		
Occupancy (uses):		No. of Units	No. of Bedrooms <u>0</u>	No. of Bathrooms <u>1</u>	
		No. of Stories <u>1</u>	Building Height <u>24' 10 3/4"</u>	Total Square Feet <u>2,820</u>	



Describe Project and Specific Use in Detail: City of Woodland Building Dept Planning Dept Construction of Wash Rack

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PROJECT \$ \$160,000

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

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

Owner's Signature: [REDACTED] Date: 10/1/15

Applicant's Signature: [REDACTED] Date: 10/1/15

DO NOT WRITE BELOW - FOR OFFICE USE ONLY					
Comments: Application Complete:		Zone: <u>I-2</u>	Permit Type: <u>11 PAID</u>	Flood Zone: <u>B</u>	
Approvals	Initial	Date	Comments		
Civil Plans					
Planning Department					
Drainage/Erosion Control					
Fire/Life Safety					
Building		<u>10-22-15</u>	CITY OF WOODLAND		
Fees Due	Amount	Account	Fees Due	Amount	Account
Building Permit	<u>1441.75</u>	001 322 10 00	Fire Impact Fees		351 345 85 00
Plan Review Pre-payment		001 322 10 20	Park Impact Fees		352 345 85 00
Plan Review Balance	<u>937.14</u>	001 322 10 20	Roadway Access		104 322 40 00
Surcharge	<u>450.00 \$450</u>	001 322 10 00	TOTAL	<u>2828.89</u>	<u>2383.39</u>
Grading/Excavating		001 322 10 00	Receipt Number	Amount	Date
Floodplain Mgt.	<u>Refund \$445.50</u>	001 345 89 00	<u>103428</u>	<u>\$2,828.89</u>	<u>10-23-15</u>
School Impact Fees		650 345 85 00			
Transp. Impact Fees		353 345 85 00			

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

FOR OFFICE USE ONLY
 Permit No. 215-115
 Date 10/2/15

Applicant Name <u>Stephen Hart</u>	Title (if owner, state OWNER)	Daytime Phone: [REDACTED]
Property Owner <u>Chilton Logging Inc.</u>	Mailing Address, City, State & Zip [REDACTED]	Daytime Phone: [REDACTED]
Contractor <u>Chilton Custom Homes</u>	Business Address, City, State & Zip <u>1760 Downriver Dr. Woodland, WA 98674</u>	Daytime Phone: <u>360 225 0427</u>
City of Woodland Business License Number <u>000068.2</u>	Washington State Labor & Industries Number and Expiration Date <u>CHILTCH935JL 4/13/17</u>	
Project Address <u>1760 Downriver Dr Woodland WA</u>	Subdivision/Legal Description	Parcel Number <u>5-06800181</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 <u>2</u>	Furnace up to 100,000 BTU _____
Building or Trailer Park Sewer _____	Furnace over 100,000 BTU _____
Rainwater System Drains (inside) _____	Floor Furnace installation or relocation _____
Private Sewage System _____	Heater (suspended, recessed or floor) _____
Water Heaters and/or Vents <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 <u>1</u>	• 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 <u>1</u>	• 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 <u>1</u>
	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:

RECEIVED
 OCT 02 2015
 City of Woodland
 Building Dept
 Planning Dept

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PERMIT \$ 180,000

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 [REDACTED] DATE 10/1/15

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Project Address/Location:	<input type="checkbox"/> First Plumbing Permit	Permit Type: <u>36</u>	Flood Zone: <u>B PAID</u>
	<input type="checkbox"/> First Mechanical Permit		
Permit Approval	Initial	Date	COMMENTS
Mechanical	[REDACTED]	<u>10-22-15</u>	<u>OCT 23 2015</u>
Plumbing	[REDACTED]		
Fire/Life Safety			CITY OF WOODLAND
FEES DUE	Req'd	Amount	Account
Plumbing Permit	<u>1</u>	<u>105.00</u>	<u>001 322 10 00</u>
Mechanical Permit	<u>1</u>	<u>44.00</u>	<u>001 322 10 00</u>
Other			
Received By: [REDACTED]	Date	Receipt Number	Total Due \$
	<u>10-23-15</u>	<u>103429</u>	<u>149.00</u>



One and Two Family Building Permit Application

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

FOR OFFICE USE ONLY

Permit No. 215-176
 Date Received: 10/5/15

APPLICANT	Name: <u>Mary Meeker</u>	Phone: [REDACTED]
	Mailing Address, City, State, Zip [REDACTED]	Email Address: [REDACTED]
PROPERTY OWNER	Name: <u>Mary Meeker</u>	Phone: [REDACTED]
	Mailing Address, City, State, Zip [REDACTED]	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
<u>1044 Park St Woodland WA 98674</u>			<u>R042109 5-0251</u>
Fill & Grade/Excavation with this project? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Total Quantity of Earthwork: <u>CY</u>		Type of Project	<input type="checkbox"/> Add On <input type="checkbox"/> Demolition
		<input checked="" type="checkbox"/> New <input type="checkbox"/> Remodel	<input type="checkbox"/> Repair <input type="checkbox"/> Other
Occupancy (uses): <u>Single family</u>	No. of Units	No. of Bedrooms	No. of Bathrooms
	<u>1</u>	<u>3</u>	<u>1</u>
	No. of Stories	Building Height	Total Square Feet
	<u>2</u>		<u>1344</u>

Describe Project and Specific Use in Detail: Updating and repairing. Replace spiral staircase with traditional stairs. Replace front porch and overhang. Add insulation and new sheetrock upstairs.

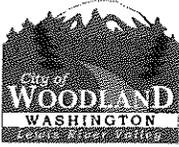
TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PROJECT \$ 5300 # 1300
 NOTICE: Separate permits and approvals may be required for this project. This permit may expire if work does not commence within 180 days of approval or if work is suspended or abandoned for a period of 180 days. Issuance of a permit does not authorize any work in public right-of-way or on utility easements. The granting of a permit or an approval does not presume to give authority to violate or cancel the provision of any other federal, state or local laws regulating construction, the performance of construction, and/or operation of the project.
 I hereby certify that I have read and examined this application and know the same to be true and correct, and if any of the information provided is erroneous, the permit or approval may be revoked. **It is the responsibility of the applicant to arrange for ANY INSPECTIONS for this project.**

Owner's Signature: [REDACTED] Date: 10/05/2015
 Applicant's Signature: [REDACTED] Date: 10/05/2015

DO NOT WRITE BELOW - FOR OFFICE USE ONLY

Setbacks: Front:	RT Side:	LT Side:	Back:	Zone: <u>LDR-6</u>	Permit Type: <u>2 PAID</u>	Flood Zone: <u>B</u>
Approvals	Initial	Date	Comments			
Civil Plans			<u>OCT 27 2015</u>			
Planning Department						
Drainage/Erosion Control						
Fire/Life Safety			CITY OF WOODLAND			
Building		<u>10-26-15</u>	<u>PERMIT DOES NOT INCLUDE DECK AS CURRENTLY BUILT. DECK REQUIRES CUP</u>			

Fees Due	Amount	Account	Fees Due	Amount	Account
Building Permit	<u>\$47.90</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>\$31.14</u>	001 322 10 20	Sewer Assessment		422 368 10 00
Surcharge	<u>4.50</u>	001 322 10 00	Sewer Inspection		402 369 90 10
Grading/Excavating		001 322 10 00	Roadway Access		104 322 40 00
Floodplain Mgt.		001 345 89 00	TOTAL	<u>\$83.54</u>	
School Impact Fees		650 345 85 00	Receipt Number	Amount	Date
Fire Impact Fees		351 345 85 00	<u>103497</u>	<u>\$83.54</u>	<u>10-27-15</u>
Park Impact Fees		352 345 85 00			
Transp. Impact Fees		353 345 85 00			



One and Two Family Building Permit Application

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

PRINT IN INK OR TYPE

(Separate Mechanical & Plumbing Permits Required)

(E)

FOR OFFICE USE ONLY
Permit No. <u>215-177</u>
Date Received: <u>10/6/15</u>

APPLICANT	Name: OLSON ENGINEERING, INC	Phone: [REDACTED]
Mailing Address, City, State, Zip [REDACTED]		Email Address: [REDACTED]
PROPERTY OWNER	Name HOLT DISTRESSED PROPERTY FUND 2010, L.P.	Phone: [REDACTED]
Mailing Address, City, State, Zip [REDACTED]		Email Address: [REDACTED]
GENERAL CONTRACTOR	Business Name ROTSCHY INC	Contact Person SHANE KORPELA
Mailing Address, City, State, Zip 9210 NE 62ND AVE, VANCOUVER, WA 98665		Phone: 360-334-3100
City Business License # UBI: 601-099-290	State Contractors License # ROTSCI#120 OA	Email Address: shanek@rotschyinc.com

PROPERTY ADDRESS		Lot #	Parcel Number <u>5-08060100</u>
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"/> Remodel	<input type="checkbox"/> Add On <input type="checkbox"/> Repair <input type="checkbox"/> Demolition <input type="checkbox"/> 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: MERIWETHER P.U.R.D - RETAINING WALL A.

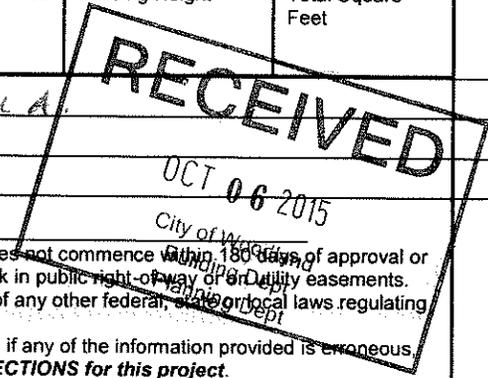
TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PROJECT \$ 12,600

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

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

Owner's Signature: _____ Date: 10/2/15

Applicant's Signature: _____ Date: 10/2/15



DO NOT WRITE BELOW - FOR OFFICE USE ONLY

Setbacks: Front:	RT Side:	LT Side:	Back:	Zone: <u>UR-7.2</u>	Permit Type: <u>31</u>	Flood Zone: <u>A</u>
Approvals	Initial	Date	Comments			
Civil Plans			PAID OCT 16 2015			
Planning Department						
Drainage/Erosion Control						
Fire/Life Safety						
Building	[REDACTED]	<u>10-15-15</u>				
Fees Due	Amount	Account	Fees Due	Amount	City of WOODLAND	
Building Permit	<u>\$223.25</u>	001 322 10 00	Water Assessment		421 368 10 10	
Plan Review Pre-payment		001 322 10 20	Meter Deposit		401 389 00 00	
Plan Review Balance	<u>\$145.11</u>	001 322 10 20	Sewer Assessment		422 368 10 00	
Surcharge	<u>\$4.50</u>	001 322 10 00	Sewer Inspection		402 369 90 10	
Grading/Excavating		001 322 10 00	Roadway Access		104 322 40 00	
Floodplain Mgt.		001 345 89 00	TOTAL	<u>\$372.86</u>		
School Impact Fees		650 345 85 00	Receipt Number	Amount	Date	Initial
Fire Impact Fees		351 345 85 00	<u>103382</u>	<u>372.86</u>	<u>10-14-15</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. 215-178
 Date 10/9/15

Applicant Name <u>Miller's Heating & Air</u>	Title (if owner, state, OWNER) <u>Lee & Sylvia Fitzgerald</u>	Daytime Phone:
Property Owner <u>Lee & Sylvia Fitzgerald</u>	Mailing Address, City, State & Zip [REDACTED]	Daytime Phone:
Contractor <u>Miller's Heating & Air</u>	Business Address, City, State & Zip <u>6109 NE HWY 99 Vancouver WA 98665</u>	Daytime Phone: <u>360-695-6500</u>
City of Woodland Business License Number <u>15-000017.2</u>	Washington State Labor & Industries Number and Expiration Date <u>MILLEHA8657A 10/30/16</u>	
Project Address <u>321 Fir Avenue</u>	Subdivision/Legal Description	Parcel Number <u>5-0235054</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 _____	Air Handling Units up to 10,000 CFM <u>3</u>
Building or Trailer Park Sewer _____	Furnace over 100,000 BTU _____	• over 10,000 CFM _____
Rainwater System Drains (inside) _____	Floor Furnace installation or relocation _____	Evaporative Cooler (non portable)..... _____
Private Sewage System _____	Heater (suspended, recessed or floor) _____	Ventilation Fan w/ single duct _____
Water Heaters and/or Vents _____	Vent not included with appliance _____	Ventilation System (not heat or a/c) .. _____
Gas Piping Systems of 1 to 5 vents _____	Repair/Alteration/Addition to Appliance _____	Hood w/ mechanical exhaust _____
Gas Piping Systems over 5 vents _____	Boilers/Compressors to 3hp (heat pump) _____	Incinerator, domestic type _____
Industrial Waste Interceptors _____	• from 3 to 15 hp _____	• commercial or industrial _____
Installations/Alterations/ Repairs of:	• from 15 to 30 hp _____	Appliance/Equipment Item (UMC)..... _____
• Water Piping _____	• from 30 to 50 hp _____	Fuel-Gas Piping System Outlets _____
• Water Treating Equipment _____	• over 50 hp _____	Haz. Process Piping System Outlets .. _____
• Medical Gas Piping _____	Absorption Systems to 100,000 BTU/h _____	Non-Haz. Proc. Piping System Outlets _____
Fixtures with drain/vent repairs or alterations _____	• from 100,000 to 500,000 BTU/h _____	Commercial Hood Type 1 _____
Lawn Sprinkler System with Backflow Device _____	• from 500,000 to 1,000,000 BTU/h _____	Dust Collection System _____
Vacuum Breakers not with Sprinkler _____	• from 1,000,000 to 1,750,000 BTU/h _____	Other _____
Backflow Protective Devices to 2" diameter _____	• over 1,750,000 BTU/h _____	
Backflow Protective Devices over 2" diameter _____		

Describe Project and Specific Use in Detail:

add 3 zone ductless heat pump

RECEIVED
 OCT 09 2015
 City of Woodland
 Building Dept
 Planning Dept
PAID
 OCT 09 2015

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PERMIT \$ 7,300.74 CITY OF WOODLAND

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

[REDACTED SIGNATURE]

10/5/15

APPLICANT'S SIGNATURE DATE

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Project Address/Location: <u>321 Fir Avenue</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	[REDACTED]	<u>10-9-15</u>	<u>SPEC SHEETS TO BE SUBMITTED *CALL FOR FINAL</u>
Plumbing			<u>ELEVATE TO ABOVE BFE</u>
Fire/Life Safety			
FEES DUE	Req'd	Amount	Account
Plumbing Permit			001 322 10 00
Mechanical Permit		<u>\$95.00</u>	001 322 10 00
Other			Other
Received By: [REDACTED]	Date	Receipt Number	Total Due
	<u>10-9-15</u>	<u>103335</u>	<u>\$ 95.00</u>

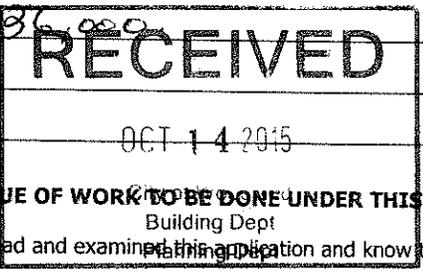
Plumbing & Mechanical Permit Application
 City of Woodland, Washington - Building Department
PRINT IN INK OR TYPE - PRESS FIRMLY - DO NOT USE PENCIL

FOR OFFICE USE ONLY
 Permit No. 215-182
 Date 10-14-15

Applicant Name <u>Feltors' Heating & Cooling Inc</u>		Title (if owner, state OWNER)	Daytime Phone:
Property Owner <u>Phillis Symons</u>		Mailing Address, City, State & Zip	Daytime Phone:
Contractor <u>Feltors' Heating & Cooling Inc</u>		Business Address, City, State & Zip <u>P.O. Box 717 Longview, WA 98632</u>	Daytime Phone: <u>360577-5871</u>
City of Woodland Business License Number <u>15-000123.4</u>		Washington State Labor & Industries Number and Expiration Date <u>FELTOHC 955JD</u>	
Project Address <u>349 Gun Club Rd.</u>		Subdivision/Legal Description	Parcel Number <u>5-0763</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 _____ 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 <u>1</u> Furnace over 100,000 BTU _____ Floor Furnace installation or relocation _____ Heater (suspended, recessed or floor) _____ Vent not included with appliance _____ Repair/Alteration/Addition to Appliance _____ Boilers/Compressors to 3hp (heat pump) _____ • from 3 to 15 hp _____ • from 15 to 30 hp _____ • from 30 to 50 hp _____ • over 50 hp _____ Absorption Systems to 100,000 BTU/h _____ • from 100,000 to 500,000 BTU/h _____ • from 500,000 to 1,000,000 BTU/h _____ • from 1,000,000 to 1,750,000 BTU/h _____ • over 1,750,000 BTU/h _____
	Air Handling Units up to 10,000 CFM _____ • over 10,000 CFM _____ Evaporative Cooler (non portable) _____ Ventilation Fan w/ single duct _____ Ventilation System (not heat or a/c) .. _____ Hood w/ mechanical exhaust _____ Incinerator, domestic type _____ • commercial or industrial _____ Appliance/Equipment Item (UMC) _____ Fuel-Gas Piping System Outlets _____ Haz. Process Piping System Outlets .. _____ Non-Haz. Proc. Piping System Outlets _____ Commercial Hood Type 1 _____ Dust Collection System _____ Other _____

Describe Project and Specific Use in Detail:
Install Three 7,000 BTU Consoles, 1 Console 15,000 & 1 Ductless Heatpump \$6,000



PAID
OCT 16 2015

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PERMIT \$ 8150.00 **CITY OF WOODLAND**
 Building Dept

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

10/14/15
 DATE

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Project Address/Location: <u>349 Gun Club Rd.</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>10-15-15</u>	<u>MONT OUTDOWN EQUIP ABOVE BFE</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>\$60.00</u>	001 322 10 00	Other			
Other				Other			

Received By: _____ Date 10/16/15 Receipt Number 103374 Total Due \$60.00



Commercial & Multifamily Building Permit Application

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

Phone: (360) 225-7299

PRINT IN INK OR TYPE

(Separate Mechanical & Plumbing Permits Required)

FOR OFFICE USE ONLY

Permit No. 215-183

Date Received: 10/12/15

APPLICANT		Name Pamela A. Kaleal-Broderius		Phone: [REDACTED]	
Mailing Address, City, State Zip [REDACTED]		Email Address: [REDACTED]			
PROPERTY OWNER		Name Sikorsky Aircraft/LifePort, Inc		Phone: 360-225-3366	
Mailing Address, City State, Zip [REDACTED]		Email Address: [REDACTED]			
GENERAL CONTRACTOR		Business Name Pacific Northern Environmental Corp		Contact Person Pamela A. Kaleal-Broderius	
Mailing Address, City State, Zip 1121 Columbia Blvd., Longview, WA 98632		City Business License # 15-000236.0		State Contractors License # PACIFNE022MH	
				Phone: 360-423-2245	
				Email: pamb@pncorp.com	
PROPERTY ADDRESS				Parcel Number	
1610 Heritage Street, Woodland, WA				504219201	
Fill & Grade/Excavation with this project? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Total Quantity of Earthwork: <u> </u> CY					
Type of Project <input type="checkbox"/> New <input checked="" type="checkbox"/> Remodel <input type="checkbox"/> Add On <input type="checkbox"/> Repair <input type="checkbox"/> Demolition <input type="checkbox"/> Other <u> </u>					
Occupancy (uses):			No. of Units	No. of Bedrooms	No. of Bathrooms
Office and Warehouse					
			No. of Stories	Building Height	Total Square Feet
Describe Project and Specific Use in Detail: Warehouse: build 2 smaller walls at 10' - steel studs and sheetrock - build 1 longer wall at 10' high with a rolling door (for privacy). Office: build 2 walls with doors to allow privacy to back of office.					
TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PROJECT \$ 46,830.00					
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 10/12/2015		
Applicant's Signature [REDACTED]			Date [REDACTED]		
DO NOT WRITE BELOW - FOR OFFICE USE ONLY					
Comments: Application Complete:		Zone: <u>I-I</u>		Permit Type: <u>12</u>	Flood Zone: <u>B</u>
Approvals		Initial	Date	Comments	
Civil Plans					
Planning Department					
Drainage/Erosion Control					
Fire/Life Safety					
Building		[REDACTED]	10-20-15		
Fees Due		Amount	Account	Fees Due	Amount
Building Permit		1013.45	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		398.74	001 322 10 20	Roadway Access	104 322 40 00
Surcharge			001 322 10 00	TOTAL	<u>\$1012.19</u>
Grading/Excavating			001 322 10 00	Receipt Number	Amount
Floodplain Mgt.			001 345 89 00	103423	1012.19
School Impact Fees			650 345 85 00	Date	10/21/15
Transp. Impact Fees			353 345 85 00	Initial	[REDACTED]

PAID
OCT 21 2015

CITY OF WOODLAND

10

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. 215-184
Date 10/15/15

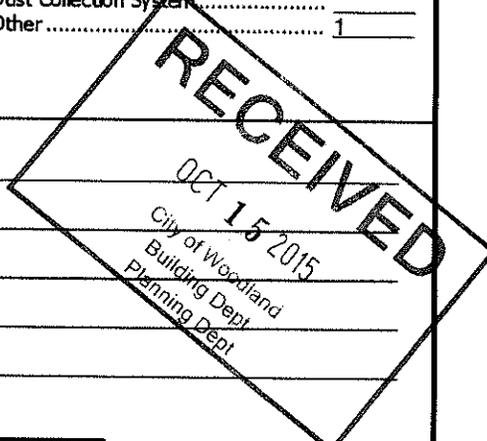
Applicant Name Carlson's Heating & Air Conditioning, Inc.	Title (if owner, state OWNER) _____	Daytime Phone: 360-425-4888
Property Owner Peter Christian & Tinieviel Hansen	Mailing Address, City, State & Zip _____	Daytime Phone: _____
Contractor Carlson's Heating & Air Conditioning, Inc.	Business Address, City, State & Zip 1414 S. Pacific Ave., Kelso, WA 98626	Daytime Phone: 360-425-4888
City of Woodland Business License Number Pending	Washington State Labor & Industries Number and Expiration Date CARLSHC108M7, 10/24/16	
Project Address 733 Park Street, Woodland, WA	Subdivision/Legal Description _____	Parcel Number 5051002

Type of Facility: Residential Commercial Educational

Work Type: Demolish Remodel/Alter Addition

PLUMBING: Fixtures (or set) on one trap _____ Building or Trailer Park Sewer _____ Rainwater System Drains (inside) _____ Private Sewage System _____ Water Heaters and/or Vents _____ Gas Piping Systems of 1 to 5 vents _____ Gas Piping Systems over 5 vents _____ Industrial Waste Interceptors _____ Installations/Alterations/ Repairs 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 _____ <u>1</u>
---	--

Describe Project and Specific Use in Detail:
Install heat pump system in residence,



TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PERMIT \$ 8323.69

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 is incorrect, the permit may be revoked.

APPLICANT'S SIGNATURE _____ DATE 10/15/2015

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Project Address/Location: 733 Park Street		<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>10-16-15</u>	<u>CALL FOR FINAL INSPECTION</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>\$55.00</u>	001 322 10 00	Other			
Other				Other			
Received By: _____	Date	Receipt Number		Total Due			
_____	<u>10-19-15</u>	<u>103384</u>		<u>\$55.00</u>			



One and Two Family Building Permit Application

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

FOR OFFICE USE ONLY

Permit No. 215-185
Date Received: 10-20-15

APPLICANT	Name: <u>JEFF LEUTHOLD</u>	Phone: [REDACTED]
Mailing Address, City State. Zip	[REDACTED]	
PROPERTY OWNER	Name: <u>SAME</u>	Phone: [REDACTED]
Mailing Address, City State. Zip	[REDACTED]	
Email Address:		[REDACTED]

GENERAL CONTRACTOR	Business Name: <u>SAME</u>	Contact Person: <u>JEFF</u>
Mailing Address, City State. Zip	[REDACTED]	
City Business License #	State Contractors License #: <u>JEFF-L-021K8</u>	Email Address:

PROPERTY ADDRESS		Parcel Number	
<u>141 GOERIG WOODLAND WA</u>		<u>5-0121</u>	
Fill & Grade/Excavation with this project? Yes [] No <input checked="" type="checkbox"/> Total Quantity of Earthwork: <u>CY</u>			
Type of Project		[] New [] Add On [] Demolition <input checked="" type="checkbox"/> Remodel <input checked="" type="checkbox"/> 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:
REHAB DWELLING
BATHROOMS / KITCHEN

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PROJECT \$ 20-25,000 ^{WES}

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.

[REDACTED SIGNATURE] _____ Date: 10/20/15

Applicant's Signature _____ Date _____

DO NOT WRITE BELOW - FOR OFFICE USE ONLY

Setbacks: Front:	RT Side:	LT Side:	Back:	Zone: <u>HDR</u>	Permit Type: <u>2</u>	Flood Zone: <u>B</u>
Approvals				Comments: <u>PAID</u>		
Civil Plans	Initial	Date				
Planning Department						
Drainage/Erosion Control						
Fire/Life Safety						
Building		<u>10-21-15</u>				
Fees Due		Amount	Account	CITY OF WOODLAND		
Building Permit	1	<u>391.25</u> 321.25	001 322 10 00	Fees Due	Amount	Account
Plan Review Pre-payment			001 322 10 20	Water Assessment		421 368 10 10
Plan Review Balance			001 322 10 20	Meter Deposit		401 389 00 00
Surcharge	1	<u>4804.50</u>	001 322 10 00	Sewer Assessment		422 368 10 00
Grading/Excavating			001 322 10 00	Sewer Inspection		402 369 90 10
Floodplain Mgt.			001 345 89 00	Roadway Access	<u>325.75</u>	104 322 40 00
School Impact Fees			350 345 85 00	TOTAL	<u>391.25</u>	<u>841.25</u> 771.25
Fire Impact Fees			351 345 85 00	Receipt Number	Amount	Date
Park Impact Fees			352 345 85 00	<u>103541</u> (e)	<u>771.25</u>	<u>10-30-15</u>
Transp. Impact Fees			353 345 85 00			

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

FOR OFFICE USE ONLY
 Permit No. 215-186
 Date 10-20-15

Applicant Name JEFF LEUTHOOD		Title (if owner, state OWNER) OWNER	
Property Owner SAME		Mailing Address, City, State & Zip [REDACTED]	
Contractor SAME		Business Address, City, State & Zip	
City of Woodland Business License Number		Washington State Labor & Industries Number and Expiration Date JEFF L * 021K8	
Project Address 747 GOERIG		Subdivision/Legal Description	
Parcel Number 5-0121		Daytime Phone: -	
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 checked="" 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 _____
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) <u>1</u>
Industrial Waste Interceptors _____	• from 3 to 15 hp _____
Installations/Alterations/ Repairs of:	• from 15 to 30 hp _____
• Water Piping <u>1</u>	• 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:

REMOVE/REPLACE/REPAIR LEAKING CALANIZED WATER SUPPLY

REMOVE/REPLACE BASEBOARD HEAT WITH HEAT PUMP

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PERMIT \$ **\$10,000**

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.

[REDACTED SIGNATURE] 10/20/15
 APPLICANT'S SIGNATURE DATE

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Project Address/Location: 747 Goerig St.	<input checked="" type="checkbox"/> First Plumbing Permit <input checked="" type="checkbox"/> First Mechanical Permit	Permit Type: 36	Flood Zone: B
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Permit Approval	Initial	Date	COMMENTS
Mechanical	[REDACTED]	10-21-15	PROVIDE SPEC SHEET(S) FOR EQUIPMENT INSTALLATION
Plumbing	[REDACTED]		
Fire/Life Safety			

FEES DUE	Req'd	Amount	Account	FEES DUE	Req'd	Amount	Account
Plumbing Permit	1	50.00	001 322 10 00	Other			
Mechanical Permit	1	65.00	001 322 10 00	Other			
Other				Other			

Received By: _____	Date _____	Receipt Number _____	Total Due \$ 115.00
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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. 215-187
 Date 10-22-15

Applicant Name Reliant Plumbing and Mechanical	Title (if owner, state OWNER) Andrew	Daytime Phone: [REDACTED]
Property Owner Safeway	Mailing Address, City, State & Zip [REDACTED]	Daytime Phone: [REDACTED]
Contractor Reliant Plumbing and Mechanical	Business Address, City, State & Zip 11575 SW Pacific Hwy #219 Tigard Or 97223	Daytime Phone: 503-246-1201
City of Woodland Business License Number pendent #21	Washington State Labor & Industries Number and Expiration Date Reliapm928dg	
Project Address 1725 Pacific Ave Woodland Wa 98674	Subdivision/Legal Description	Parcel Number 504219100

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

PLUMBING: Fixtures (or set) on one trap <u>1</u> 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 <u>1</u> 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 _____
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Describe Project and Specific Use in Detail:
Install one hand sink

FINALLED

PAID

OCT 23 2015

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PERMIT \$ 600.00 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: [REDACTED] DATE: 10-23-15

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Project Address/Location: <u>1725 Pacific Ave</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							
Plumbing	[REDACTED]	<u>10/23/15</u>	<u>pls call for inspection</u>				
Fire/Life Safety							
FEES DUE	Req'd	Amount	Account	FEES DUE	Req'd	Amount	Account
Plumbing Permit		<u>50.00</u>	001 322 10 00	Other			
Mechanical Permit			001 322 10 00	Other			
Other				Other			
Received By: [REDACTED]	Date	Receipt Number		Total Due			
	<u>10-23-15</u>	<u>103437</u>		\$ 50			

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. 215-108
 Date 10/22/15

Applicant Name ROBERT MONTGOMERY		Title (if owner, state OWNER) CONTRACTOR	Daytime Phone: 503 787 8157
Property Owner ASTRO MART		Mailing Address, City, State & Zip [REDACTED]	Daytime Phone:
Contractor MONTGOMERY DEVELOPMENT CO		Business Address, City, State & Zip 1724132 ROYAL DANIELSON 97089	Daytime Phone:
City of Woodland Business License Number PENDING		Washington State Labor & Industries Number and Expiration Date 600624719	
Project Address 1155 HOFFMAN		Subdivision/Legal Description	Parcel Number 5-0249
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 checked="" type="checkbox"/> REPLACE	

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 (2) X
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Describe Project and Specific Use in Detail:

REMOVE + REPLACE 1-POP COOLER AND ASSOCIATED EQUIPMENT

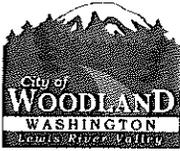
TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PERMIT \$ 46,000.00

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.

10-22-15
 APPLICANT'S SIGNATURE DATE

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Project Address/Location: 1155 Hoffman		<input type="checkbox"/> First Plumbing Permit <input type="checkbox"/> First Mechanical Permit	Permit Type: 36	Flood Zone: B			
Permit Approval	Initial	Date	PAID				
Mechanical	[REDACTED]	10-22-15	OCT 26 2015				
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	1	105.00	001 322 10 00	Other			
Other				Other			
Received By:	Date	Receipt Number	Total Due \$				
[REDACTED]	10-26-15	103442	\$ 105.00				



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. 215-189

Date Received: 10/26/15

APPLICANT	Name: <u>JOHN GRIEVE</u>	Phone: [REDACTED]
Mailing Address, City, State Zip [REDACTED]		Email Address: [REDACTED]
PROPERTY OWNER	Name: <u>JOHN GRIEVE</u>	Phone: [REDACTED]
Mailing Address, City State, Zip [REDACTED]		Email Address: [REDACTED]

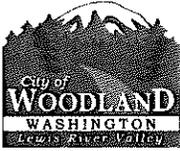
GENERAL CONTRACTOR	Business Name	Contact Person
Mailing Address, City State, Zip		Phone:
City Business License #	State Contractors License #	Email Address:

PROPERTY ADDRESS		Lot #	Parcel Number
<u>140 MEADOW PARK CT</u>		<u>14</u>	<u>502450514</u>
Fill & Grade/Excavation with this project? Yes [] No [X] Total Quantity of Earthwork: <u> </u> CY	Type of Project	<input checked="" type="checkbox"/> New	<input type="checkbox"/> Add On
		<input type="checkbox"/> Remodel	<input type="checkbox"/> Repair
		<input type="checkbox"/> Demolition	<input type="checkbox"/> Other
Occupancy (uses): <u>STORAGE SHED/GARAGE</u>	No. of Units	No. of Bedrooms	No. of Bathrooms
	<u>1</u>	<u>0</u>	<u>0</u>
	No. of Stories	Building Height	Total Square Feet
	<u>1</u>	<u>12 FT</u>	<u>336</u>

Describe Project and Specific Use in Detail:
METAL GARAGE/STORAGE SHED

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PROJECT \$ 4000.00
 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 is void and the responsibility of the applicant to arrange for ANY INSPECTIONS for this project.
 Owner's Sign: [REDACTED] Date: 10/26/2015
 Applicant's Signature: [REDACTED] Date: _____

DO NOT WRITE BELOW - FOR OFFICE USE ONLY									
Setbacks: Front: <u>25'</u>	RT Side: <u>5'</u>	LT Side: <u>5'</u>	Back: <u>5'</u>	Zone: <u>LDR-6</u>	Permit Type: <u>31</u>	Flood Zone: <u>B</u>			
Approvals	Initial	Date	Comments						
Civil Plans	[REDACTED]								
Planning Department	[REDACTED]	<u>10/28/15</u>	<u>setbacks for shed/garage 5' rear + side - met</u>						
Drainage/Erosion Control			PAID						
Fire/Life Safety									
Building	[REDACTED]	<u>10-28-15</u>	<u>CALL FOR FINAL INSPECTION</u>						
Fees Due	Amount	Account	Fees Due	Amount	OCT 28 2015				
Building Permit	<u>\$97.25</u>	001 322 10 00	Water Assessment		421 368 10 10				
Plan Review Pre-payment	<u> </u>	001 322 10 20	Meter Deposit		CITY OF WOODLAND				
Plan Review Balance	<u>\$63.21</u>	001 322 10 20	Sewer Assessment		422 368 10 00				
Surcharge	<u>\$4.50</u>	001 322 10 00	Sewer Inspection		402 369 90 10				
Grading/Excavating		001 322 10 00	Roadway Access		104 322 40 00				
Floodplain Mgt.		001 345 89 00	TOTAL	<u>\$164.96</u>					
School Impact Fees		350 345 85 00	Receipt Number	Amount	Date	Initial			
Fire Impact Fees		351 345 85 00	<u>103514</u>	<u>164.96</u>	<u>10-28-15</u>	[REDACTED]			
Park Impact Fees		352 345 85 00							
Transp. Impact Fees		353 345 85 00							



One and Two Family Building Permit Application

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

PRINT IN INK OR TYPE

(Separate Mechanical & Plumbing Permits Required)

FOR OFFICE USE ONLY

Permit No. 215-190

Date Received: 10/27/15

APPLICANT		Name: <u>Kerry Stasio / Stasio Constr. Co</u>	Phone: <u>360-980-0872</u>
Mailing Address, City, State Zip <u>310 Forest Park Rd Woodland WA 98674</u>		Email Address: <u>STASIOCONSTRUCTION@HOTMAIL.COM</u>	
PROPERTY OWNER		Name: <u>SCOTT PERRY</u>	Phone: [REDACTED]
Mailing Address, City State. Zip <u>[REDACTED]</u>		Email Address: [REDACTED]	
GENERAL CONTRACTOR		Business Name: <u>STASIO'S CONSTRUCTION CO</u>	Contact Person: <u>KERRY STASIO</u>
Mailing Address, City State. Zip <u>310 FOREST PARK RD 98674</u>		Phone: <u>360-980-0872</u>	
City Business License # <u>15-0002815</u>	State Contractors License # <u>STASIC881R4</u>	Email Address: <u>STASIOCONSTRUCTION@HOTMAIL.COM</u>	
PROPERTY ADDRESS		Lot # <u>180 S PERKINS WOODLAND WA</u>	Parcel Number <u>502350807</u>
Fill & Grade/Excavation with this project? Yes [] No [X] Total Quantity of Earthwork: _____ CY		Type of Project [] New [] Add On [] Demolition [] Remodel [] Repair [] Other <u>Roof Repl.</u>	
Occupancy (uses):		No. of Units	No. of Bedrooms
		No. of Bathrooms	
		No. of Stories	Building Height
		Total Square Feet	
Describe Project and Specific Use in Detail: <u>TEAR OUT EXISTING SINGLE LAYER COMP, INSTALL NEW COMP OVER EXISTING PLYWOOD</u>			
TOTAL FAIR MARKET VALUE OF WORK TO BE UNDER THIS PROJECT \$ <u>6,800-</u>			
<p>NOTICE: Separate permits and approvals may be required for this project. This permit may expire if work does not commence within 180 days of approval or if work is suspended or abandoned for a period of 180 days. Issuance of a permit does not authorize any work in public right-of-way or on utility easements. The granting of a permit or an approval does not presume to give authority to violate or cancel the provision of any other federal, state or local laws regulating construction, the performance of construction, and/or operation of the project.</p> <p>I hereby certify that I have read and examined this application and know the same to be true and correct, and if any of the information provided is erroneous, the permit of approval may be revoked. It is the responsibility of the applicant to arrange for ANY INSPECTIONS for this project.</p>			
Owner's Signature: [REDACTED]		Date: <u>10-27-2015</u>	
Applicant's Signature: [REDACTED]		Date: <u>10-27-2015</u>	
DO NOT WRITE BELOW - FOR OFFICE USE ONLY			
Setbacks: Front:	RT Side:	LT Side:	Back:
Zone: <u>LDR-6</u>		Permit Type: <u>34</u>	Flood Zone: <u>B</u>
Approvals	Initial	Date	Comments
Civil Plans			
Planning Department			
Drainage/Erosion Control			
Fire/Life Safety			
Building			
Fees Due	Amount	Account	Fees Due
Building Permit	<u>\$55.00</u>	001 322 10 00	Water Assessment
Plan Review Pre-payment		001 322 10 20	Meter Deposit
Plan Review Balance		001 322 10 20	Sewer Assessment
Surcharge	<u>\$4.50</u>	001 322 10 00	Sewer Inspection
Grading/Excavating		001 322 10 00	Roadway Access
Floodplain Mgt.		001 345 89 00	TOTAL
School Impact Fees		350 345 85 00	Amount: <u>\$59.50</u>
Fire Impact Fees		351 345 85 00	Receipt Number: <u>103521</u>
Park Impact Fees		352 345 85 00	Amount: <u>59.50</u>
Transp. Impact Fees		353 345 85 00	Date: <u>10-29-15</u>

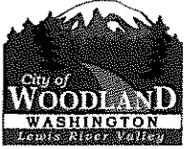
RECEIVED

OCT 27 2015
City of Woodland
Building Dept
Planning Dept

PAID

OCT 28 2015

CITY OF WOODLAND



One and Two Family Building Permit Application

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

FOR OFFICE USE ONLY

Permit No. 215-191
Date Received: 10/27/15

APPLICANT	Name: Guillaume Tardif	Phone: [REDACTED]
Mailing Address, City, State, Zip [REDACTED]		Email Address: [REDACTED]
PROPERTY OWNER	Name: Guillaume Tardif	Phone: [REDACTED]
Mailing Address, City, State, Zip [REDACTED]		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 250 Misty Dr., Woodland, WA, 98674		Lot # 27	Parcel Number 504214427
Fill & Grade/Excavation with this project? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Total Quantity of Earthwork: _____ CY		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
Occupancy (uses):		No. of Units	No. of Bedrooms
		No. of Stories	Building Height
			No. of Bathrooms
			Total Square Feet

Describe Project and Specific Use in Detail:
Build a 6' wooden fence on each side of the property by the owner

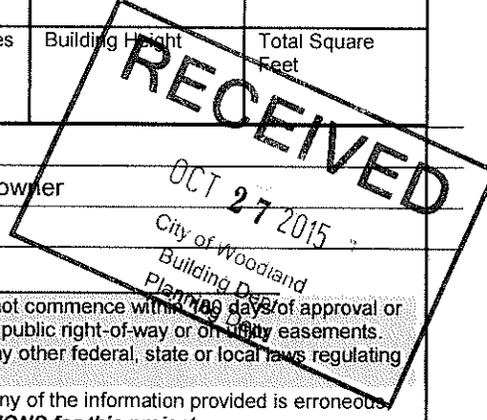
TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PROJECT \$ 5000

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

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

Owner's Signature: _____ Date: 10/27/2015

Applicant's Signature: _____ Date: _____



DO NOT WRITE BELOW – FOR OFFICE USE ONLY						
Setbacks: Front:	RT Side:	LT Side:	Back:	Zone: <u>LDR-6</u>	Permit Type: <u>32</u>	Flood Zone: <u>A</u>
Approvals	Initial	Date	Comments			
Civil Plans						
Planning Department	[REDACTED]	<u>10/28/15</u>				
Drainage/Erosion Control						
Fire/Life Safety						
Building		<u>10-27-15</u>	<u>CALL FOR FINAL INSPECTION</u>			
Fees Due	Amount	Account	Fees Due	Amount	Account	
Building Permit	<u>\$55.00</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>\$59.50</u>		
School Impact Fees		650 345 85 00	Receipt Number	Amount	Date	Initial
Fire Impact Fees		351 345 85 00	<u>103511/0</u>	<u>59.50</u>	<u>10-28-15</u>	[REDACTED]
Park Impact Fees		352 345 85 00				
Transp. Impact Fees		353 345 85 00				

OCT 28 2015

CITY OF WOODLAND

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. 215-197
 Date 10/30/15

Applicant Name <u>Brett Bates</u>	Title (if owner, state OWNER) <u>Owner</u>	Daytime Phone: [REDACTED]
Property Owner	Mailing Address, City, State & Zip	Daytime Phone:
Contractor <u>Bates Plumbing LLC</u>	Business Address, City, State & Zip <u>185 Brodie Ln Longview WA</u>	Daytime Phone: <u>360 575 3333</u>
City of Woodland Business License Number <u>PENDING</u>	Washington State Labor & Industries Number and Expiration Date <u>100,666-00 2018</u>	
Project Address <u>1038 Lewis River Rd</u>	Subdivision/Legal Description	Parcel Number <u>5-0077</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 <u>1</u> 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 _____
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Describe Project and Specific Use in Detail: Replace existing Grease Trap with new

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PERMIT \$ 65⁰⁰

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]
10/30/2015
 APPLICANT'S SIGNATURE DATE

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Project Address/Location: 1038 Lewis River First Plumbing Permit First Mechanical Permit
 Permit Type: 36 Flood Zone: B

Permit Approval	Initial	Date	COMMENTS
Mechanical			
Plumbing	[REDACTED]	<u>10/30/15</u>	<u>work already done</u>
Fire/Life Safety			

FEES DUE	Req'd	Amount	Account	FEES DUE	Req'd	Amount	Account
Plumbing Permit		<u>65.00</u>	<u>001 322 10 00</u>	Other			
Mechanical Permit			<u>001 322 10 00</u>	Other			
Other				Other			

Received By: [REDACTED] Date: 11-7-15 Receipt Number: 103547 (icredit card from 10/30/15) Total Due \$ 65.00