

**Commercial & Multifamily Building Permit Application**

FOR OFFICE USE ONLY  
 Permit No. 215-130  
 Date Received: 7/13/15

**APPLICANT** Name: Charles R Wright Phone: [Redacted]  
 Mailing Address, City, State Zip: [Redacted] Email Address: [Redacted]  
**PROPERTY OWNER** Name: Jeffrey B Wright Phone: [Redacted]  
 Mailing Address, City State, Zip: [Redacted] Email Address: [Redacted]  
**GENERAL CONTRACTOR** Business Name: [Redacted] Contact Person: [Redacted]  
 Mailing Address, City State, Zip: [Redacted] Phone: [Redacted]  
 City Business License #: [Redacted] State Contractors License #: [Redacted] Email: [Redacted]

**PROPERTY ADDRESS** 906 Caples Rd, Woodland, wa, 98674 Parcel Number: 5-07350106  
 Fill & Grade/Excavation with this project? Yes [ ] No [X] Total Quantity of Earthwork:          CY Type of Project: [ ] New [ ] Add On [ ] Demolition [ ] Remodel [ ] Repair [X] Other green house  
 Occupancy (uses): Use will be for an outdoor green house grow for tier 1 producer/processor/recreational marijuana business  
 No. of Units: 1 No. of Bedrooms:          No. of Bathrooms:           
 No. of Stories: 1 Building Height: 10ft walls, approx 15ft tall Total Square Feet: 1680

Describe Project and Specific Use in Detail:  
the green house we look to build is manufactured by farmtek grower supply. The green house comes as a kit to which they assemble and install. Structure is engineered to stand up to wind, snow & seismic.  
 TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PROJECT \$ 15,000

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

I hereby certify that I have read and examined this application and know the same to be true and correct, and if any of the information provided is erroneous, the permit or approval may be voided.  
 Owner's Signature: [Redacted] Date: 7-13-15 **PAID**  
 Applicant's Signature: [Redacted] Date: 7/13/15 **NOV 10 2015**

**DO NOT WRITE BELOW - FOR OFFICE USE ONLY** CITY OF WOODLAND  
 Comments: Application Complete: Zone I-2 Permit Type: 31 Flood Zone: B

Approvals	Initial	Date	Comments
Civil Plans			
Planning Department	[Redacted]	<u>11/9/15</u>	<u>use allowed in zone confirm code antenna met before Co.</u>
Drainage/Erosion Control			
Fire/Life Safety			
Building		<u>11-5-15</u>	

Fees Due	Amount	Account	Fees Due	Amount	Account
Building Permit	<u>251.25</u>	001 322 10 00	Fire Impact Fees		351 345 85 00
Plan Review Pre-payment		001 322 10 20	Park Impact Fees		352 345 85 00
Plan Review Balance	<u>163.31</u>	001 322 10 20	Roadway Access		104 322 40 00
Surcharge	<u>4.50</u>	001 322 10 00	<b>TOTAL</b>	<b>\$419.06</b>	
Grading/Excavating		001 322 10 00	Receipt Number		Amount
Floodplain Mgt.		001 345 89 00	<u>103653</u>	<u>419.06</u>	Date
School Impact Fees		650 345 85 00			<u>11-10-15</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)

FOR OFFICE USE ONLY

Permit No. 215-179

Date Received: 10/9/15

<b>APPLICANT</b>		Name: <u>Karlsen Development LLC</u>	Phone: [REDACTED]
Mailing Address, City, State Zip		[REDACTED]	Email Address: [REDACTED]
<b>PROPERTY OWNER</b>		Name: <u>Same</u>	Phone: [REDACTED]
Mailing Address, City State, Zip		[REDACTED]	Email Address: [REDACTED]
<b>GENERAL CONTRACTOR</b>		Business Name: <u>Karlsen Development LLC</u>	Contact Person: <u>Diane Karlsen</u>
Mailing Address, City State, Zip		[REDACTED]	Phone: [REDACTED]
City Business License #	<u>14-000126.7</u>	State Contractors License #	<u>KARLSOEN 9801E</u>
Property Address		<u>325 Thistle Ct Woodland</u>	Parcel Number: <u>502-357017</u>
Fill & Grade/Excavation with this project?		Type of Project	
Yes [ ] No [X] Total Quantity of Earthwork: <u>CY</u>		<input checked="" type="checkbox"/> New <input type="checkbox"/> Add On <input type="checkbox"/> Demolition <input type="checkbox"/> Remodel <input type="checkbox"/> Repair <input type="checkbox"/> Other	
Occupancy (uses):		No. of Units	No. of Bedrooms
<u>NEW construction single family</u>			<u>4</u>
		No. of Bathrooms	<u>3</u>
		No. of Stories	<u>2</u>
		Building Height	
		Total Square Feet	<u>2288</u>

Describe Project and Specific Use in Detail:

new construction single family

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PROJECT \$ 252,580.03

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]

10-6-15  
Date

**PAID**  
**OCT 09 2015**

10-6-15  
Date

**CITY OF WOODLAND**

**DO NOT WRITE BELOW - FOR OFFICE USE ONLY**

Setbacks: Front: _____ Side: _____ Back: _____	Zone: <u>LOR-7.2</u>	Permit Type: <b>PAID</b>	Flood Zone: <u>A</u>
Approvals	Initial	Date	Comments
Civil Plans			
Planning Department			
Drainage/Erosion Control			
Fire/Life Safety			
Building		<u>11-4-15</u>	<u>PERMIT FOR HOUSE ONLY. OPTIONAL GARAGE NOT ALLOWED DUE TO PLACEMENT</u>
<b>Fees Due</b>	Amount	Account	Fees Due
Building Permit	<u>1850.55</u>	001 322 10 00	Water Assessment
Plan Review Pre-payment	<u>\$602.86</u>	001 322 10 20	Meter Deposit
Plan Review Balance	<u>\$600.00</u>	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.	<u>100.00</u>	001 345 89 00	<b>TOTAL</b>
School Impact Fees	<u>2750.00</u>	350 345 85 00	<b>\$16,914.91</b>
Fire Impact Fees	<u>1530.00</u>	351 345 85 00	Receipt Number
Park Impact Fees	<u>Letter</u>	352 345 85 00	Amount
Transp. Impact Fees	<u>838.00</u>	353 345 85 00	Date
			Initial
			<u>103539</u>
			<u>105789</u>
			<u>\$600.00</u>
			<u>10-9-15</u>
			<u>11-16-15</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: 215-180  
 Date: 10/9/15

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: [REDACTED]	
Contractor <u>Same</u>		Business Address, City, State & Zip <u>Vanco WA 98662</u>		Daytime Phone: [REDACTED]	
City of Woodland Business License Number <u>14-00176.7</u>		Washington State Labor & Industries Number and Expiration Date <u>Karlson 980 LE</u>			
Project Address <u>325 Thistle Ct</u>		Subdivision/Legal Description <u>Meriwether Estates lot 17</u>		Parcel Number <u>5-02357017</u>	
Type of Facility: <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Educational <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> _____			Work Type: <input type="checkbox"/> Demolish <input type="checkbox"/> Remodel/Alter <input type="checkbox"/> Addition <input checked="" type="checkbox"/> New <input type="checkbox"/> Move <input type="checkbox"/> Repair <input type="checkbox"/> _____		

PLUMBING:	MECHANICAL:	
Fixtures (or set) on one trap ..... <u>11</u>	Furnace up to 100,000 BTU ..... <u>1</u>	Air Handling Units up to 10,000 CFM _____
Building or Trailer Park Sewer ..... <u>1</u>	Furnace over 100,000 BTU ..... _____	• over 10,000 CFM ..... _____
Rainwater System Drains (inside) ..... _____	Floor Furnace installation or relocation ..... _____	Evaporative Cooler (non portable)..... _____
Private Sewage System ..... _____	Heater (suspended, recessed or floor) ..... _____	Ventilation Fan w/ single duct ..... <u>5</u>
Water Heaters and/or Vents ..... <u>1</u>	Vent not included with appliance ..... _____	Ventilation System (not heat or a/c) .. _____
Gas Piping Systems of 1 to 5 vents ..... <u>X</u>	Repair/Alteration/Addition to Appliance ..... _____	Hood w/ mechanical exhaust ..... <u>1</u>
Gas Piping Systems over 5 vents ..... _____	Boilers/Compressors to 3hp (heat pump) ..... <u>1</u>	Incinerator, domestic type ..... _____
Industrial Waste Interceptors ..... _____	• from 3 to 15 hp ..... _____	• commercial or industrial ..... _____
Installations/Alterations/ Repairs of:	• from 15 to 30 hp ..... _____	Appliance/Equipment Item (UMC) .... _____
• Water Piping ..... <u>1</u>	• from 30 to 50 hp ..... _____	Fuel-Gas Piping System Outlets ..... <u>4</u>
• Water Treating Equipment ..... _____	• over 50 hp ..... _____	Haz. Process Piping System Outlets .. _____
• Medical Gas Piping ..... _____	Absorption Systems to 100,000 BTU/h ..... _____	Non-Haz. Proc. Piping System Outlets _____
Fixtures with drain/vent repairs or alterations ..... _____	• from 100,000 to 500,000 BTU/h ..... _____	Commercial Hood Type 1 ..... _____
Lawn Sprinkler System with Backflow Device ..... <u>1</u>	• from 500,000 to 1,000,000 BTU/h ..... _____	Dust Collection System ..... _____
Vacuum Breakers not with Sprinkler ..... _____	• from 1,000,000 to 1,750,000 BTU/h ..... _____	Other ..... _____
Backflow Protective Devices to 2" diameter ..... _____	• over 1,750,000 BTU/h ..... _____	
Backflow Protective Devices over 2" diameter ..... _____		

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

**PAID**  
**NOV 16 2015**  
 CITY OF WOODLAND

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

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

[REDACTED SIGNATURE] 10-6-15  
 APPLICANT'S SIGNATURE DATE

**DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY**

Project Address/Location: <u>325 Thistle Court</u>		<input type="checkbox"/> First Plumbing Permit		Permit type: <u>36</u>		Floor Zone: <u>A</u>	
<input type="checkbox"/> First Mechanical Permit							
Permit Approval	Initial	Date		COMMENTS			
Mechanical	[REDACTED]	<u>11-4-15</u>					
Plumbing	[REDACTED]						
Fire/Life Safety	[REDACTED]						
FEES DUE	Req'd	Amount	Account	FEES DUE	Req'd	Amount	Account
Plumbing Permit		<u>\$199</u>	001 322 10 00	Other			
Mechanical Permit		<u>\$175</u>	001 322 10 00	Other			
Other				Other			
Received By: [REDACTED]	Date	<u>11-16-15</u>		Receipt Number	<u>103790</u>		
				Total Fees: <u>\$374.00</u>			



# One and Two Family Building Permit Application

Building Dept. ent, 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. 215-194

Date Received: 10/30/15

<b>APPLICANT</b>		Name: <u>Donald Lemmons</u>	Phone: [REDACTED]
Mailing Address, City, State Zip		[REDACTED]	Email Address: [REDACTED]
<b>PROPERTY OWNER</b>		Name: <u>SAME</u>	Phone: [REDACTED]
Mailing Address, City State. Zip		[REDACTED]	Email Address: [REDACTED]
<b>GENERAL CONTRACTOR</b>		Business Name	Contact Person
Mailing Address, City State. Zip		[REDACTED]	Phone: [REDACTED]
City Business License #		State Contractors License #	Email Address: <u>508740100</u>
<b>PROPERTY ADDRESS</b>		Lot # <u>379</u>	Parcel Number
Fill & Grade/Excavation with this project? Yes [ ] No [ ] Total Quantity of Earthwork: _____ <b>CY</b>		Type of Project [ ] New [ ] Add On [ ] Demolition [ ] Remodel [ ] Repair [ ] Other	
Occupancy (uses): <u>Home</u>		No. of Units	No. of Bedrooms
		No. of Bathrooms	
		No. of Stories	Building Height
			Total Square Feet

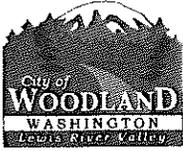
Describe Project and Specific Use in Detail: Complete Demolition of House, Trees, and Septic

**TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PROJECT** \$ 3000.00  
 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: 10-29-15  
 Date: 10-29-15

**DO NOT WRITE BELOW - FOR OFFICE USE ONLY**

Setbacks: Front:	RT Side:	LT Side:	Back:	Zone: <u>I-1</u>	Permit Type: <u>40</u>	Flood Zone: <u>A</u>
Approvals	Initial	Date	Comments: <u>PAID</u>			
Civil Plans						
Planning Department						
Drainage/Erosion Control						
Fire/Life Safety						
Building		<u>11-6-15</u>	<u>CALL FOR INSPECTION PRIOR TO DEMO, AFTER ALL UTILITIES ARE DISCONNECTED</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	<b>TOTAL</b>	<u>\$59.50</u>		
School Impact Fees		650 345 85 00	Receipt Number	Amount	Date	Initial
Fire Impact Fees		351 345 85 00	<u>105611</u>	<u>59.50</u>	<u>11-6-15</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.	215-195
Date Received:	11/2/15

<b>APPLICANT</b>	Name: ZABAleta Walter	Phone: [REDACTED]
Mailing Address, City, State Zip [REDACTED]		Email Address: [REDACTED]
<b>PROPERTY OWNER</b>	Name: Zabaleta Walter	Phone: ✓
Mailing Address, City State, Zip [REDACTED]		Email Address:
<b>GENERAL CONTRACTOR</b>	Business Name: Roof Doctor	Contact Person:
Mailing Address, City State, Zip [REDACTED]		Phone:
City Business License #	State Contractors License #	Email Address:

<b>PROPERTY ADDRESS</b> 206 Love Street		Lot #	Parcel Number 50244
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:  
**Re Roofing -**

**TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PROJECT \$** \_\_\_\_\_  
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: 11/2/15  
Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE BELOW - FOR OFFICE USE ONLY**

Setbacks: Front:	RT Side:	LT Side:	Back:	Zone: LDR-6	Permit Type: 34	Flood Zone: B
<b>Approvals</b>	Initial	Date	Comments			
Civil Plans						
Planning Department						
Drainage/Erosion Control						
Fire/Life Safety						
Building		11-2-15				
<b>Fees Due</b>	<b>Amount</b>	<b>Account</b>	<b>Fees Due</b>	<b>Amount</b>	<b>Account</b>	
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	<b>TOTAL</b>	\$59.50		
School Impact Fees		350 345 85 00	Receipt Number	Amount	Date	Initial
Fire Impact Fees		351 345 85 00	103580	\$59.50	11/3/15	[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  
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(E)

**FOR OFFICE USE ONLY**  
 Permit No. 215-199  
 Date 11-9-15

Applicant Name <u>Jennifer Douglas</u>		Title (if owner, state OWNER)	Daytime Phone: [REDACTED]
Property Owner [REDACTED]		Mailing Address, City, State & Zip [REDACTED]	Daytime Phone:
Contractor <u>Kirt - Waterways</u>		Business Address, City, State & Zip #101 <u>2118 SE 12th Ave. Battle Ground WA</u>	Daytime Phone:
City of Woodland Business License Number <u>15-000315-3</u>		Washington State Labor & Industries Number and Expiration Date <u>Water xx 950BU</u>	
Project Address <u>Same</u>		Subdivision/Legal Description	Parcel Number <u>5-02357003</u>

Type of Facility:  Residential  Commercial  Educational  
 Industrial  Institutional  \_\_\_\_\_

Work Type:  Demolish  Remodel/Alter  Addition  
 New  Move  Repair  \_\_\_\_\_

<b>PLUMBING:</b>	<b>MECHANICAL:</b>
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 _____ <u>2</u> 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 2 GAS LINES TO EXISTING SYSTEM.

**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] 110915  
 APPLICANT'S SIGNATURE DATE

**DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY**

Project Address/Location: 1766 Claver Ln  First Plumbing Permit  First Mechanical Permit Permit Type: 36 Flood Zone: A

Permit Approval	Initial	Date	COMMENTS
Mechanical	[REDACTED]	<u>11-9-15</u>	
Plumbing			
Fire/Life Safety			

FEES DUE	Req'd	Amount	Account	FEES DUE	Req'd	Amount	Account
Plumbing Permit			001 322 10 00	Other			
Mechanical Permit	<input checked="" type="checkbox"/>	<u>60</u>	001 322 10 00	Other			
Other				Other			

Received By: [REDACTED] Date 11-9-15 Receipt Number 103631 Total Due \$ 60.00

**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. 215-2015  
 Date 11/10/15

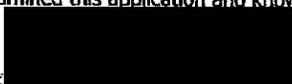
Applicant Name <u>Kim Adams</u>	Title (if owner, state OWNER)	Daytime Phone:
Property Owner <u>Merlin Canaday</u>	Mailing Address, City, State & Zip	Daytime Phone:
Contractor <u>Tri Tech Heating</u>	Business Address, City, State & Zip <u>6603 DE 137th Ave Van, WA 98682</u>	Daytime Phone: <u>360-891-2002</u>
City of Woodland Business License Number	Washington State Labor & Industries Number and Expiration Date <u>TRITEH1952U</u>	
Project Address <u>325 Island Aire Drive</u>	Subdivision/Legal Description <u>#40 WM Bratton</u>	Parcel Number - ID # <u>64515035</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"/>	

<b>PLUMBING:</b>	<b>MECHANICAL:</b>
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 gas log set

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

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

11-10-15  
 DATE

**DO NOT WRITE BELOW THIS LINE FOR OFFICE USE ONLY**

Project Address/Location: <u>325 Island Aire Dr.</u>	<input type="checkbox"/> First Plumbing Permit <input type="checkbox"/> First Mechanical Permit	Permit Type: <b>36</b>	Flood Zone: <u>B</u>
Permit Approval	Initial	Date	COMMENTS
Mechanical		<u>11-12-15</u>	
Plumbing			
Fire/Life Safety			
<b>FEES DUE</b>	Req'd	Amount	Account
Plumbing Permit			001 322 10 00
Mechanical Permit		<u>60.00</u>	001 322 10 00
Other			Other
Received By: 	Date	Receipt Number	Total Due
	<u>11/12/15</u>	<u>103694</u>	<u>\$ 60.00</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. 215-200  
 Date 11/20/15

Applicant Name <u>Jason Sneedan</u>	Title (if owner, state OWNER) <u>Owner</u>	
Property Owner <u>MICHAEL BOND</u>	Mailing Address, City, State & Zip [REDACTED]	
Contractor <u>Thumbs up Plumbing</u>	Business Address, City, State & Zip <u>SAME AS ABOVE</u>	Daytime Phone: <u>SAME</u>
City of Woodland Business License Number	Washington State Labor & Industries Number and Expiration Date <u>Thumbs up 96382</u>	
Project Address <u>230 Davidson Ave</u>	Subdivision/Legal Description	Parcel Number <u>5-0028</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 type="checkbox"/> Repair <input type="checkbox"/> _____
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<b>PLUMBING:</b> Fixtures (or set) on one trap ..... <u>49</u> Building or Trailer Park Sewer ..... Rainwater System Drains (inside) ..... Private Sewage System ..... Water Heaters and/or Vents ..... <u>1</u> Gas Piping Systems of 1 to 5 vents ..... 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 ..... Vacuum Breakers not with Sprinkler ..... Backflow Protective Devices to 2" diameter ..... Backflow Protective Devices over 2" diameter .....	<b>MECHANICAL:</b> 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: Break sink, HW sink, 2 LAVS, 2 WCs, Floor sink, water heater, mop sink,

**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] 11/20/2015  
 APPLICANT'S SIGNATURE DATE

**DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY**

Project Address/Location: <u>236 Davidson Ave.</u>		<input type="checkbox"/> First Plumbing Permit <input type="checkbox"/> First Mechanical Permit	Permit Type: <u>36</u>	Flood Zone: <u>PAID B</u>			
Permit Approval	Initial	Date	COMMENTS				
Mechanical	[REDACTED]		NOV 30 2015 CITY OF WOODLAND				
Plumbing	[REDACTED]	<u>11-30-15</u>					
Fire/Life Safety							
FEES DUE	Req'd	Amount	Account	FEES DUE	Req'd	Amount	Account
Plumbing Permit		<u>\$100.00</u>	001 322 10 00	Other			
Mechanical Permit			001 322 10 00	Other			
Other				Other			
Received	Date	Receipt Number	Total Due				
[REDACTED]	<u>11-30-15</u>	<u>103936</u>	<u>\$ 100.00</u>				

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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. 215-207

Date 11/25/15

Applicant Name <b>Josiah Gettman</b>	Title (if owner, state OWNER) <b>OWNER</b>	Daytime Phone: [REDACTED]
Property Owner <b>Josiah Gettman</b>	Mailing Address, City, State & Zip [REDACTED]	Daytime Phone: [REDACTED]
Contractor	Business Address, City, State & Zip [REDACTED]	Daytime Phone: [REDACTED]
City of Woodland Business License Number	Washington State Labor & Industries Number and Expiration Date	
Project Address <b>543 Windflower Dr</b>	Subdivision/Legal Description	Parcel Number <b>5-08090121</b>

Type of Facility:  Residential  Commercial  Educational

Work Type:  Demolish  Remodel/Alter  Addition

<b>PLUMBING:</b>	<b>MECHANICAL:</b>
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) .....
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:  
Adding a NG outlet to my kitchen for a gas stove installation. I will be tying to the existing piping near the furnace and water heater in the garage and running it through the crawl space under the house.

PAID

NOV 30 2015

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PERMIT \$ 550 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 11/25/2015

**DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY**

Project Address/Location: <b>543 Windflower</b>	<input type="checkbox"/> First Plumbing Permit <input type="checkbox"/> First Mechanical Permit	Permit Type: <b>36</b>	Flood Zone: <b>B</b>
Permit Approval	Initial	Date	COMMENTS
Mechanical	[REDACTED]	<b>11-30-15</b>	<b>CALL FOR FINAL INSPECTION</b>
Plumbing			
Fire/Life Safety			
FEES DUE	Req'd	Amount	Account
Plumbing Permit			001 322 10 00
Mechanical Permit		<b>\$60.00</b>	001 322 10 00
Other			Other
Receipt Number	Date	Receipt Number	Total Due
[REDACTED]	<b>11-30-15</b>	<b>103946</b>	<b>\$ 60.00</b>