

Residential Building 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. 213-059
 Date 4-29-2013 (W.W.)

Applicant Name <u>Brookhart Excavation LLC</u>		Title (if owner, state OWNER) Property Owner	
Mailing Address, City, State & Zip [REDACTED]		Phone # Mobile # [REDACTED]	
Contractor <u>Brookhart Excavation LLC</u>		Contact Person/Title <u>Jay Brookhart owner</u>	
Mailing Address, City, State & Zip <u>3510 Olive Way Longview WA 98632</u>		Phone # Mobile # <u>360 431 4333</u>	
City of Woodland Business License Number <u>Dending</u>		Washington State Labor & Industries Number and Expiration Date <u>580 938 02 12-31-13</u>	
Property Address <u>989 Park St</u>		Subdivision/Legal Description	Parcel Number <u>5-0414</u>
Will this structure be within the 100 year floodplain? <input type="checkbox"/> YES If YES, attach a Floodplain Worksheet. <input type="checkbox"/> NO		Is any part of this property within 200 feet of a shoreline of statewide significance? <input type="checkbox"/> YES If so, a shoreline permit may be required (single family residential lots are exempt). <input checked="" type="checkbox"/> NO	
Is there or has there been any filling, grading, or excavation associated with this project? <input type="checkbox"/> YES If YES, and over 100CY, complete and attach an Excavation & Grading Worksheet <input type="checkbox"/> NO		Total Quantity of Earthwork: CY	
Type of Building <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Educational <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/>		Type of Project <input type="checkbox"/> New <input type="checkbox"/> Add-on <input type="checkbox"/> Change in Use <input type="checkbox"/> Demolish <input type="checkbox"/> Remodel <input type="checkbox"/> Move <input type="checkbox"/> Repair <input type="checkbox"/>	
Occupancy (uses): <u>House</u>		Sq. Feet of Use <u>1000</u>	Class/Type <u>1</u>
		No. of Units	No. of Bedrooms <u>3</u>
		No. of Stories	Building Height
		Total Square Feet	
Energy Code Compliance Residential (SFD/Duplex): Type of Heating: <input type="checkbox"/> Prescriptive Path <input type="checkbox"/> Residential <input type="checkbox"/> Industrial		Non-Residential Envelope: <input type="checkbox"/> Prescriptive Option <input type="checkbox"/> Component Design <input type="checkbox"/> System Analysis	
		Non-Residential Mechanical: <input type="checkbox"/> Simple System <input type="checkbox"/> Complex System <input type="checkbox"/> System Analysis	
		Non-Residential Lighting: <input type="checkbox"/> Prescriptive Lighting <input type="checkbox"/> Light Power Allowance <input type="checkbox"/> System Analysis	

Describe Project and Specific Use in Detail, Also Include All Fixtures Related to Plumbing and Mechanical Uses:

Demo House - Cap Sewer + mark

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

\$ 5500

NOTICE: Separate permits and approvals may be required for this project. Every permit issued by the Administrative Authority under the provisions of the City of Woodland Municipal Code shall expire by limitation and become null and void if the work authorized by such permit is not commenced within 180 days from the date of issuance of such permit, or if the work authorized by such permit is suspended or abandoned for a period of 180 days after the work is commenced. Issuance of a permit does not authorize any work in public right-of-way or on utility easements. All provisions of laws and ordinances governing the type of project shall be complied with whether specified herein or not. The granting of a permit or an approval does not presume to give authority to violate or cancel the provisions 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, the permit or approval may be revoked. **It is the responsibility of the applicant to arrange for a FINAL INSPECTION for this project.**

Applicant's Signature

Date

April 29 13

DO NOT WRITE BELOW - FOR OFFICE USE ONLY

Address:		Permit Type: <u>40</u>	Flood Zone: <u>B</u>
Other Permits Required: <u>Done</u>		Land Use Application Number:	<input type="checkbox"/> Permitted Use <input type="checkbox"/> Conditional Use <input type="checkbox"/> Other
Plumbing Permit YES () NO (<input checked="" type="checkbox"/>) Mechanical Permit YES () NO (<input checked="" type="checkbox"/>) Fire/Life Safety YES () NO (<input checked="" type="checkbox"/>) Other <u>SWCA</u> YES (<input checked="" type="checkbox"/>) NO ()		Zone: Comp. Plan Designation:	
Setbacks: Front: Back: Side:		SEPA Determination	Action: Issued:
		Floodplain ()	Critical Areas () Shorelines ()

APPROVALS	Initial	Date	SPECIAL COMMENTS
Water/Sewer			
Public Works			
Planning/Environmental			
Drainage & Erosion Control			
Fire/Life Safety			
Building	<u>WV</u>	<u>4/29/13</u>	
FEES DUE	Amount	Account	FEES DUE
Building Permit	<u>55.00</u>	001 332 10 00	Water Assessment
Plan Review		001 332 10 20	Meter Deposit
Surcharge		001 332 10 00	Sewer Assessment
Grading/Excavation		001 332 10 00	Sewer Inspection
Fire/Light Safety		001 332 10 10	Roadway Access
Floodplain Mgt		001 345 89 00	Mechanical/Plumbing
School Impact Fees		350 345 85 10	Receipt Number:
Fire Impact Fees		351 345 85 00	Amount:
Park Impact Fees		352 345 85 00	Date:
			<u>90347</u>
			<u>55.00</u>
			<u>4/29/13</u>

Residential Building 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. 213-D57
 Date 4-25-2013

Applicant Name <u>Michael F. Wheaton</u>		Title (if owner, state OWNER) <u>OWNER</u>		Property Owner <u>Michael & Kathleen Wheaton</u>	
Mailing Address, City, State, & Zip <u>335 Hillshire Dr</u>			Phone # Mobile # XXXXXXXXXX		
Contractor <u>Owner</u>			Contact Person/Title		

Mailing Address, City, State & Zip		Phone #	
		Mobile #	
City of Woodland Business License Number		Washington State Labor & Industries Number and Expiration Date	

Property Address <u>335 Hillshire Dr Woodland</u>		Subdivision/Legal Description <u>Merewether Estates</u>		Parcel Number <u>5-D7060128</u>	
Will this structure be within the 100 year floodplain? <input checked="" type="checkbox"/> YES If YES, attach a Floodplain Worksheet. <input type="checkbox"/> NO		Is any part of this property within 200 feet of a shoreline of statewide significance? <input type="checkbox"/> YES If so, a shoreline permit may be required (single family residential lots are exempt). <input checked="" type="checkbox"/> NO			

Is there or has there been any filling, grading, or excavation associated with this project? <input type="checkbox"/> YES If YES, and over 100CY, complete and attach an Excavation & Grading Worksheet <input checked="" type="checkbox"/> NO		Total Quantity of Earthwork: <u>2</u> CY	
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Type of Building <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Educational <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/>		Type of Project <input checked="" type="checkbox"/> New <input type="checkbox"/> Add-on <input type="checkbox"/> Change in Use <input type="checkbox"/> Demolish <input type="checkbox"/> Remodel <input type="checkbox"/> Move <input type="checkbox"/> Repair <input checked="" type="checkbox"/> Fence				
Occupancy (uses):		Sq. Feet of Use	Class/Type	No. of Units	No. of Bedrooms	No. of Bathrooms
				No. of Stories	Building Height	Total Square Feet

Energy Code Compliance	Residential (SFD/Duplex):	Non-Residential Envelope:	Non-Residential Mechanical:	Non-Residential Lighting:
Type of Heating:	<input type="checkbox"/> Prescriptive Path	<input type="checkbox"/> Prescriptive Option	<input type="checkbox"/> Simple System	<input type="checkbox"/> Prescriptive Lighting
<input type="checkbox"/> Residential	<input type="checkbox"/> Institutional	<input type="checkbox"/> Component Design	<input type="checkbox"/> Complex System	<input type="checkbox"/> Light Power Allowance
<input type="checkbox"/> Industrial	<input type="checkbox"/> Educational	<input type="checkbox"/> System Analysis	<input type="checkbox"/> System Analysis	<input type="checkbox"/> System Analysis

Describe Project and Specific Use in Detail, Also Include All Fixtures Related to Plumbing and Mechanical Uses:

NAS 6' cedar Fence

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PROJECT \$ 1980

NOTICE: Separate permits and approvals may be required for this project. Every permit issued by the Administrative Authority under the provisions of the City of Woodland Municipal Code shall expire by limitation and become null and void if the work authorized by such permit is not commenced within 180 days from the date of issuance of such permit, or if the work authorized by such permit is suspended or abandoned for a period of 180 days after the work is commenced. Issuance of a permit does not authorize any work in public right-of-way or on utility easements. All provisions of laws and ordinances governing the type of project shall be complied with whether specified herein or not. The granting of a permit or an approval does not presume to give authority to violate or cancel the provisions 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, the permit or approval may be revoked. *It is the responsibility of the applicant to arrange for a FINAL INSPECTION for this project.*

Applicant's Signature: XXXXXXXXXX Date: 4/25/13

DO NOT WRITE BELOW - FOR OFFICE USE ONLY

Address: <u>335 Hillshire Drive</u>		Permit Type: <u>32</u>	Flood Zone: <u>A</u>
Other Permits Required: Plumbing Permit YES () NO () Mechanical Permit YES () NO () Fire/Life Safety YES () NO () Other _____ YES () NO ()		Land Use Application Number:	<input type="checkbox"/> Permitted Use <input type="checkbox"/> Conditional Use <input type="checkbox"/> Other
Setbacks: Front: _____ Back: _____ Side: _____		SEPA Determination	Action: _____ Issued: _____
		Floodplain ()	Critical Areas () Shorelines ()

APPROVALS	Initial	Date	SPECIAL COMMENTS
Water/Sewer			
Public Works			
Planning/Environmental	<u>C.G.</u>	<u>4-25-2013</u>	
Drainage & Erosion Control			
Fire/Life Safety			
Building			

FEES DUE	Amount	Account	FEES DUE	Amount	Account
Building Permit	<u>55.00</u>	001 332 10 00	Water Assessment		302 388 10 10
Plan Review		001 332 10 20	Meter Deposit		401 389 00 00
Surcharge		001 332 10 00	Sewer Assessment		302 388 10 00
Grading/Excavation		001 332 10 00	Sewer Inspection		402 369 90 00
Fire/Light Safety		001 332 10 10	Roadway Access		104 322 40 00
Floodplain Mgt		001 345 89 00	Mechanical/Plumbing		001 322 10 00
School Impact Fees		350 345 85 10	Receipt Number:	Amount	Date
Fire Impact Fees		351 345 85 00	<u>90292</u>	<u>55.00</u>	<u>4-25-13</u>
Park Impact Fees		352 345 85 00			

Commercial Building 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. 213-053
 Date 4/18/13

Applicant Name Bart Stepp		Title (if owner, state OWNER) City of Woodland, P.W. Director		Property Owner City of Woodland	
Mailing Address, City, State & Zip PO Box 9, Woodland, WA 98674				Phone # 360.225.7999	
Contractor Williams Scotsman, Inc		Contact Person/Title GREG DFEIFFER			
Mailing Address, City, State & Zip 7933 NORTH UPLAND DR, PORTLAND, OR				Phone # 503-503-285-5029 503-449-3365	
City of Woodland Business License Number 000323.5		Washington State Labor & Industries Number and Expiration Date WILLIS1021LP 4/18/2015			
Property Address 200 E. Scott		Subdivision/Legal Description		Parcel Number 50623 5-062302+	

Will this structure be within the 100 year floodplain? YES NO
 If YES, attach a Floodplain Worksheet. NO
 Is any part of this property within 200 feet of a shoreline of statewide significance? YES NO
 If so, a shoreline permit may be required (single family residential lots are exempt). NO

Is there or has there been any filling, grading, or excavation associated with this project? YES NO
 If YES, and over 100CY, complete and attach an Excavation & Grading Worksheet NO
 Total Quantity of Earthwork: **1500 cy**

Type of Building <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Educational <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/>	Type of Project <input type="checkbox"/> New <input type="checkbox"/> Add-on <input type="checkbox"/> Change in Use <input type="checkbox"/> Demolish <input type="checkbox"/> Remodel <input type="checkbox"/> Move <input type="checkbox"/> Repair <input type="checkbox"/>
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Occupancy (uses):	Sq. Feet of Use	Class/Type	No. of Units	No. of Bedrooms	No. of Bathrooms
/	/	/			
/	/	/			
/	/	/			

Energy Code Compliance	Residential (SFD/Duplex):	Non-Residential Envelope:	Non-Residential Mechanical:	Non-Residential Lighting:
Type of Heating:	<input type="checkbox"/> Prescriptive Path	<input type="checkbox"/> Prescriptive Option	<input type="checkbox"/> Simple System	<input type="checkbox"/> Prescriptive Lighting
<input type="checkbox"/> Residential	<input type="checkbox"/> Institutional	<input type="checkbox"/> Component Design	<input type="checkbox"/> Complex System	<input type="checkbox"/> Light Power Allowance
<input type="checkbox"/> Industrial	<input type="checkbox"/> Educational	<input type="checkbox"/> System Analysis	<input type="checkbox"/> System Analysis	<input type="checkbox"/> System Analysis

Describe Project and Specific Use in Detail:

NEW WOODLAND POLICE STATION AND ASSOCIATED SITEWORK. STRIP ASPHALT AND BASE AND ADD EROSION CONTROL MEASURES.

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PROJECT **\$ 74,310.00**

NOTICE: Separate permits and approvals may be required for this project. Every permit issued by the Administrative Authority under the provisions of the City of Woodland Municipal Code shall expire by limitation and become null and void if the work authorized by such permit is not commenced within 180 days from the date of issuance of such permit, or if the work authorized by such permit is suspended or abandoned for a period of 180 days after the work is commenced. Issuance of a permit does not authorize any work in public right-of-way or on utility easements. All provisions of laws and ordinances governing the type of project shall be complied with whether specified herein or not. The granting of a permit or an approval does not presume to give authority to violate or cancel the provisions 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, the permit or approval may be revoked. **It is the responsibility of the applicant to arrange for a FINAL INSPECTION for this project.**

Applicant's Signature: _____ Date: 4/18/13

DO NOT WRITE BELOW - FOR OFFICE USE ONLY

Address: 200 E Scott		Permit Type: 39	Flood Zone: B
Other Permits Required: Plumbing Permit YES () NO () Mechanical Permit YES () NO () Fire/Life Safety YES () NO () Other YES () NO ()		Land Use Application Number: Zone: _____ Comp. Plan Designation: _____	<input type="checkbox"/> Permitted Use <input type="checkbox"/> Conditional Use <input type="checkbox"/> Other
Setbacks: Front: _____ Back: _____ Side: _____		SEPA Determination: _____ Action: _____	Issued: _____
		Floodplain ()	Critical Areas () Shorelines ()

APPROVALS	Initial	Date	SPECIAL COMMENTS
Water/Sewer			
Public Works			
Planning/Environmental			
Drainage & Erosion Control			
Fire/Life Safety			
Building	lw	4/19/13	

FEES DUE	Amount	APPLICANT	RESDUE
Building Permit	159.50	001 332 10 00	Roadway Access
Plan Review	37.00	001 332 10 20	
Surcharge	4.50	001 332 10 00	
Grading/Excavation	196.50	001 332 10 00	
Fire/Light Safety		001 332 10 10	
Floodplain Mgt		001 345 89 06	
School Impact Fees		350 345 85 10	
Fire Impact Fees		351 345 85 00	90219 397.50 4-24-13
Park Impact Fees		352 345 85 00	

Total Owing = 397.50

Residential Building 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. 5-213-052
 Date 4-17-2013

Applicant Name <u>Thomas O. Einerson</u>		Title (if owner, state OWNER) <u>Owner</u>		Property Owner <u>Don Wages</u>	
Mailing Address, City, State & Zip [REDACTED]			Phone # [REDACTED]	Mobile # [REDACTED]	
Contractor <u>Owner</u>		Contact Person/Title <u>N/A</u>		← Best contact #	
Mailing Address, City, State & Zip <u>N/A</u>			Phone # <u>N/A</u>	Mobile # <u>N/A</u>	
City of Woodland Business License Number <u>N/A</u>		Washington State Labor & Industries Number and Expiration Date <u>N/A</u>			
Property Address <u>1860 Hartwood Dr.</u>		Subdivision/Legal Description		Parcel Number <u>5-02355010</u>	
Will this structure be within the 100 year floodplain? <input type="checkbox"/> YES If YES, attach a Floodplain Worksheet. <input checked="" type="checkbox"/> NO		Is any part of this property within 200 feet of a shoreline of statewide significance? <input type="checkbox"/> YES If so, a shoreline permit may be required (single family residential lots are exempt). <input checked="" type="checkbox"/> NO			
Is there or has there been any filling, grading, or excavation associated with this project? <input type="checkbox"/> YES If YES, and over 100CY, complete and attach an Excavation & Grading Worksheet. <input checked="" type="checkbox"/> NO		Total Quantity of Earthwork: CY			
Type of Building <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Educational <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input checked="" type="checkbox"/> SHED		Type of Project <input checked="" type="checkbox"/> New <input type="checkbox"/> Remodel <input type="checkbox"/> Add-on <input type="checkbox"/> Move <input type="checkbox"/> Change in Use <input type="checkbox"/> Repair <input type="checkbox"/> Demolish			
Occupancy (uses):		Sq. Feet of Use	Class/Type	No. of Units	No. of Bedrooms
				No. of Stories	Building Height
					<u>9' peak</u>
					Total Square Feet
					<u>96</u>
Energy Code Compliance		Residential (SFD/Duplex):	Non-Residential Envelope:	Non-Residential Mechanical:	Non-Residential Lighting:
Type of Heating:		<input type="checkbox"/> Prescriptive Path	<input type="checkbox"/> Prescriptive Option	<input type="checkbox"/> Simple System	<input type="checkbox"/> Prescriptive Lighting
<input type="checkbox"/> Residential		<input type="checkbox"/> Institutional	<input type="checkbox"/> Component Design	<input type="checkbox"/> Complex System	<input type="checkbox"/> Light Power Allowance
<input type="checkbox"/> Industrial		<input type="checkbox"/> Educational	<input type="checkbox"/> System Analysis	<input type="checkbox"/> System Analysis	<input type="checkbox"/> System Analysis

Describe Project and Specific Use in Detail, Also Include All Fixtures Related to Plumbing and Mechanical Uses:

8' x 12' wooden storage shed

RECEIVED

APR 17 2013

City of Woodland
Building Dept
Planning Dept

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PROJECT \$ 1500⁰⁰

NOTICE: Separate permits and approvals may be required for this project. Every permit issued by the Administrative Authority under the provisions of the City of Woodland Municipal Code shall expire by limitation and become null and void if the work authorized by such permit is not commenced within 180 days from the date of issuance of such permit, or if the work authorized by such permit is suspended or abandoned for a period of 180 days after the work is commenced. Issuance of a permit does not authorize any work in public right-of-way or on utility easements. All provisions of laws and ordinances governing the type of project shall be complied with whether specified herein or not. The granting of a permit or an approval does not presume to give authority to violate or cancel the provisions 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, the permit or approval may be revoked. **It is the responsibility of the applicant to arrange for a FINAL INSPECTION for this project.**

Applicant's Signature
[REDACTED]

Date April 17 2013

DO NOT WRITE BELOW - FOR OFFICE USE ONLY

Address: <u>1860 Hartwood Dr.</u>		Permit Type: <u>3</u>	Flood Zone: <u>A</u>
Other Permits Required: Plumbing Permit YES () NO () Mechanical Permit YES () NO () Fire/Life Safety YES () NO () Other _____ YES () NO ()		Land Use Application Number: Zone: Comp. Plan Designation:	<input type="checkbox"/> Permitted Use <input type="checkbox"/> Conditional Use <input type="checkbox"/> Other
Setbacks: Front: Back: Side:		SEPA Determination	Action:
		Floodplain ()	Critical Areas ()
			Shorelines ()

APPROVALS	Initial	Date	SPECIAL COMMENTS
Water/Sewer			
Public Works			
Planning/Environmental			
Drainage & Erosion Control			
Fire/Life Safety			
Building	<u>lw</u>	<u>4/19/13</u>	

FEES DUE	Amount	Account	FEES DUE	Amount	Account
Building Permit	<u>29.60</u>	001 332 10 00	Water Assessment		302 388 10 10
Plan Review	<u>19.24</u>	001 332 10 20	Meter Deposit		401 389 00 00
Surcharge	<u>4.50</u>	001 332 10 00	Sewer Assessment		302 388 10 00
Grading/Excavation		001 332 10 00	Sewer Inspection		402 369 90 00
Fire/Light Safety		001 332 10 10	Roadway Access		104 322 40 00
Floodplain Mgt		001 345 89 00	Mechanical/Plumbing		001 322 10 00
School Impact Fees		350 345 85 10	Receipt Number:		
Fire Impact Fees		351 345 85 00	<u>90255</u>	<u>5534</u>	<u>4-19-13</u>
Park Impact Fees		352 345 85 00			

Total \$53.34

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. 213-051
 Date 4-17-2013

Applicant Name FRED WILLSON	Title (if owner, state OWNER) EQUIPMENT SALES ENTEK	Daytime Phone: [REDACTED]
Property Owner COL RIVER CARBONATES	Mailing Address, City, State & Zip [REDACTED]	Daytime Phone: [REDACTED]
Contractor ENTEK CORP.	Business Address, City, State & Zip 1021 COLUMBIA LONGVIEW 98362	Daytime Phone: 360 423-3010
City of Woodland Business License Number 13-000034.0	Washington State Labor & Industries Number and Expiration Date ENTEK C * 893WE	REQUIRED 4-20-13
Project Address 300 N. PEKIN RD, WDLAND	Subdivision/Legal Description REQUIRED	Parcel Number REQUIRED 5-0735

Type of Facility: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Educational <input checked="" 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"/> _____
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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 _____
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Describe Project and Specific Use in Detail:

SUPPLY AND INSTALL 2 1/2 TON DUCTLESS A/C IN SMALL SERVER/PHONE ROOM, CONDENSER TO SIT DIRECTLY ON THE OUTSIDE WALL/GROUND MOUNT. (THIS UNIT IS REPLACING AN EXISTING NON-FUNCTIONAL THROUGH WALL A/C UNIT)

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PERMIT \$ 5500 REQUIRED

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

[REDACTED SIGNATURE]

4-17-13 REQUIRED
DATE

APPLICANT'S SIGNATURE

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Project Address/Location: 300 N Pekin Rd.	<input type="checkbox"/> First Plumbing Permit <input type="checkbox"/> First Mechanical Permit	Permit Type: 36 PLUMB	Flood Zone: B
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Permit Approval	Initial	Date	COMMENTS
Mechanical			APR 19 2013
Plumbing	<u>WJ</u>	<u>4/17/13</u>	
Fire/Life Safety			CITY OF WOODLAND

FEES DUE	Req'd	Amount	Account	FEES DUE	Req'd	Amount	Account
Plumbing Permit			001 322 10 00	Other			
Mechanical Permit		<u>85.00</u>	001 322 10 00	Other			
Other				Other			
Received By: <u>JR</u>	Date: <u>4-19-13</u>	Receipt Number: <u>90253</u>	Total Due: <u>\$85.00</u>				

Commercial Building 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. 23-050
 Date 4/16/2013

Applicant Name <u>Randy Morrell</u>		Title (if owner, state OWNER) <u>Operator</u>		Property Owner <u>Colombe Cold Store</u>	
Mailing Address, City, State & Zip			Phone #		Mobile #
Contractor <u>Pacific Sea Food</u>		Contact Person/Title <u>Randy Morrell</u>			
Mailing Address, City, State & Zip <u>1635 Down River Dr</u>			Phone #		Mobile # <u>Same</u>
City of Woodland Business License Number <u>12-000236-5</u>		Washington State Labor & Industries Number and Expiration Date <u>00120-12W 04/01/2013</u>			
Property Address <u>1625 Down River Dr</u>		Subdivision/Legal Description		Parcel Number <u>5-008005</u>	
Will this structure be within the 100 year floodplain? <input checked="" type="checkbox"/> YES If YES, attach a Floodplain Worksheet. <input type="checkbox"/> NO		Is any part of this property within 200 feet of a shoreline of statewide significance? <input type="checkbox"/> YES If so, a shoreline permit may be required (single family residential lots are exempt). <input type="checkbox"/> NO			
Is there or has there been any filling, grading, or excavation associated with this project? <input type="checkbox"/> YES If YES, and over 100CY, complete and attach an Excavation & Grading Worksheet <input type="checkbox"/> NO			Total Quantity of Earthwork: <u>CY</u>		
Type of Building <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Educational <input checked="" type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/>		Type of Project <input type="checkbox"/> New <input type="checkbox"/> Add-on <input type="checkbox"/> Change in Use <input checked="" type="checkbox"/> Remodel <input type="checkbox"/> Move <input type="checkbox"/> Repair <input type="checkbox"/> Demolish			
Occupancy (uses): <u>Food Production/Processing</u>		Sq. Feet of Use <u>2200</u>		Class/Type <u>F-1</u>	
		No. of Units		No. of Bedrooms	
		No. of Stories		Building Height	
		Total Square Feet			
Energy Code Compliance Residential (SFD/Duplex): Type of Heating: <input type="checkbox"/> Prescriptive Path <input type="checkbox"/> Residential <input type="checkbox"/> Institutional <input type="checkbox"/> Educational <input type="checkbox"/> Industrial		Non-Residential Envelope: <input type="checkbox"/> Prescriptive Option <input type="checkbox"/> Component Design <input type="checkbox"/> System Analysis		Non-Residential Mechanical: <input type="checkbox"/> Simple System <input type="checkbox"/> Complex System <input type="checkbox"/> System Analysis	
				Non-Residential Lighting: <input type="checkbox"/> Prescriptive Lighting <input type="checkbox"/> Light Power Allowance <input type="checkbox"/> System Analysis	

Describe Project and Specific Use in Detail:
Addition/remodel to create 3 new rooms. 2 "Infeed rooms" and one "Changing room."

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PROJECT \$ 130,000.00

NOTICE: Separate permits and approvals may be required for this project. Every permit issued by the Administrative Authority under the provisions of the City of Woodland Municipal Code shall expire by limitation and become null and void if the work authorized by such permit is not commenced within 180 days from the date of issuance of such permit, or if the work authorized by such permit is suspended or abandoned for a period of 180 days after the work is commenced. Issuance of a permit does not authorize any work in public right-of-way or on utility easements. All provisions of laws and ordinances governing the type of project shall be complied with whether specified herein or not. The granting of a permit or an approval does not presume to give authority to violate or cancel the provisions 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, the permit or approval may be revoked. **It is the responsibility of the applicant to arrange for a FINAL INSPECTION for this project.**

Applicant's Signature _____ Date 12-26-12

DO NOT WRITE BELOW - FOR OFFICE USE ONLY

Address: <u>1625 Down River Drive</u>		Permit Type: <u>23-I</u>	Flood Zone: <u>B</u>
Other Permits Required: Plumbing Permit YES () NO () Mechanical Permit YES () NO () Fire/Life Safety YES () NO () Other YES () NO ()		Land Use Application Number:	<input type="checkbox"/> Permitted Use <input type="checkbox"/> Conditional Use <input type="checkbox"/> Other
Setbacks: Front: Back: Side:		SEPA Determination	Action: Issued:
		Floodplain ()	Critical Areas () Shorelines ()

APPROVALS	Initial	Date	SPECIAL COMMENTS		
Water/Sewer			PAID		
Public Works			APR 4 9 2013		
Planning/Environmental			CITY OF WOODLAND		
Drainage & Erosion Control					
Fire/Life Safety					
Building	<u>WW</u>	<u>4/16/13</u>			
FEES DUE	Amount	Account	FEES DUE	Amount	Account
Building Permit	<u>1161.75</u>	001 332 10 00	Water Assessment		302 388 10 10
Plan Review	<u>755.14</u>	001 332 10 20	Sewer Assessment		302 388 10 00
Surcharge	<u>4.50</u>	001 332 10 00	Sewer Inspection		402 369 90 00
Grading/Excavation		001 332 10 00	Roadway Access		104 322 40 00
Fire/Light Safety		001 332 10 10			
Floodplain Mgt		001 345 89 00			
Fire Impact Fees	<u>93.84</u>	351 345 85 10	Receipt Number:		Date
School Impact Fees		350 345 85 00			
Park Impact Fees		352 345 85 00	<u>90271</u>	<u>2015.23</u>	<u>4-24-13</u>

Total Owning \$2,015.23

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. 213-049
Date 4-16-2013

Applicant Name <u>Karlson Development LLC</u>	Title (if owner, state OWNER) <u>owner</u>	Daytime Phone:
Property Owner <u>Same</u>	Mailing Address, City, State & Zip	Daytime Phone:
Contractor <u>Same</u>	Business Address, City, State & Zip <u>9704 NE 117th Ave Van. WA 98662</u>	Daytime Phone: <u>844-1405</u>
City of Woodland Business License Number <u>00017667</u>	Washington State Labor & Industries Number and Expiration Date <u>Karls OLA90LE 7-27-14</u>	REQUIRED
Project Address <u>338 Lolo Trail Ave</u>	Subdivision/Legal Description <u>Lot #14 Meriwether estates</u>	Parcel Number <u>5-0706014</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 checked="" type="checkbox"/> New <input type="checkbox"/> Remodel/Alter <input type="checkbox"/> Move <input type="checkbox"/> Repair <input type="checkbox"/> _____	<input type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> _____

PLUMBING:	MECHANICAL:
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 _____	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) <u>1</u> • 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 <u>4</u> Ventilation System (not heat or a/c) _____ Hood w/ mechanical exhaust <u>1</u> Incinerator, domestic type _____ • commercial or industrial _____ Appliance/Equipment Item (UMC) _____ Fuel-Gas Piping System Outlets <u>1</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:

PAID
 APR 28 2013
 CITY OF WOODLAND

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PERMIT \$ 60,000.00

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


 APPLICANT'S SIGNATURE

4-16-13
 DATE

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Project Address/Location: <u>338 Lolo Trail</u>	<input checked="" type="checkbox"/> First Plumbing Permit <input checked="" type="checkbox"/> First Mechanical Permit	Permit Type: <u>36</u>	Flood Zone: <u>A</u>
Permit Approval	Initial	Date	COMMENTS
Mechanical	<u>WH</u>	<u>4-26-13</u>	
Plumbing	<u>WH</u>	<u>4-26-13</u>	
Fire/Life Safety			
FEES DUE	Req'd	Amount	Account
Plumbing Permit		<u>169.00</u>	001 322 10 00
Mechanical Permit		<u>166.00</u>	001 322 10 00
Other			Other
Received By: <u>SR</u>	Date: <u>4/29/13</u>	Receipt Number: <u>90334</u>	Total Due \$ <u>335.00</u>

Residential Building 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. 213-048
 Date 4-16-2013

Applicant Name <u>Karlsen Development Inc</u>		Title (if owner, state OWNER) <u>owner</u>		Property Owner <u>Same</u>	
Mailing Address, City, State & Zip [Redacted]				Phone # [Redacted]	
Contractor <u>Same</u>				Contact Person/Title <u>Duane Karlsen (Member)</u>	
Mailing Address, City, State & Zip <u>Same</u>				Phone # [Redacted]	
City of Woodland Business License Number <u>000176.7</u>		Washington State Labor & Industries Number and Expiration Date <u>Karls 069806 7-27-14</u>			
Property Address <u>3386 Lolo Trail Ave</u>		Subdivision/Legal Description <u>Lot 14 Meriwether estates</u>		Parcel Number <u>5-0706114</u>	
Will this structure be within the 100 year floodplain? <input checked="" type="checkbox"/> YES If YES, attach a Floodplain Worksheet. <input type="checkbox"/> NO		Is any part of this property within 200 feet of a shoreline of statewide significance? <input type="checkbox"/> YES If so, a shoreline permit may be required (single family residential lots are exempt). <input type="checkbox"/> NO			
Is there or has there been any filling, grading, or excavation associated with this project? <input type="checkbox"/> YES If YES, and over 100CY, complete and attach an Excavation & Grading Worksheet <input checked="" type="checkbox"/> NO				Total Quantity of Earthwork: CY	
Type of Building <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Educational <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/>		Type of Project <input type="checkbox"/> New <input type="checkbox"/> Add-on <input type="checkbox"/> Change in Use <input type="checkbox"/> Demolish <input type="checkbox"/> Remodel <input type="checkbox"/> Move <input type="checkbox"/> Repair <input type="checkbox"/>			
Occupancy (uses): <u>Single family</u>		Sq. Feet of Use <u>1608</u>		Class/Type <u>1</u>	No. of Units <u>1</u>
<u>Garage</u>		<u>507 (wh)</u>		<u>1</u>	<u>1</u>
Energy Code Compliance		Residential (SFD/Duplex):	Non-Residential Envelope:	Non-Residential Mechanical:	Non-Residential Lighting:
Type of Heating:		<input type="checkbox"/> Prescriptive Path	<input type="checkbox"/> Prescriptive Option	<input type="checkbox"/> Simple System	<input type="checkbox"/> Prescriptive Lighting
<input type="checkbox"/> Residential		<input type="checkbox"/> Institutional	<input type="checkbox"/> Component Design	<input type="checkbox"/> Complex System	<input type="checkbox"/> Light Power Allowance
<input type="checkbox"/> Industrial		<input type="checkbox"/> Educational	<input type="checkbox"/> System Analysis	<input type="checkbox"/> System Analysis	<input type="checkbox"/> System Analysis

Describe Project and Specific Use in Detail, Also Include All Fixtures Related to Plumbing and Mechanical Uses:

New construction single family

185,000 (wh)

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PROJECT \$ 450,000.00

NOTICE: Separate permits and approvals may be required for this project. Every permit issued by the Administrative Authority under the provisions of the City of Woodland Municipal Code shall expire by limitation and become null and void if the work authorized by such permit is not commenced within 180 days from the date of issuance of such permit, or if the work authorized by such permit is suspended or abandoned for a period of 180 days after the work is commenced. Issuance of a permit does not authorize any work in public right-of-way or on utility easements. All provisions of laws and ordinances governing the type of project shall be complied with whether specified herein or not. The granting of a permit or an approval does not presume to give authority to violate or cancel the provisions 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, the permit or approval may be revoked. **It is the responsibility of the applicant to arrange for a FINAL INSPECTION for this project.**

Applicant's Signature: [Redacted] Date: 4-16-13

DO NOT WRITE BELOW FOR OFFICE USE ONLY

Address: <u>338 Lolo Trail</u>		Permit Type: <u>1</u>		Flood Zone: <u>A</u>	
Other Permits Required:		Land Use Application Number:		[] Permitted Use	
Plumbing Permit YES () NO ()		Zone:		[] Conditional Use	
Mechanical Permit YES () NO ()		Comp. Plan Designation:		[] Other	
Fire/Life Safety YES () NO ()		SEPA Determination		Action:	
Other YES () NO ()		Floodplain ()		Critical Areas ()	
Setbacks:		Issued:		Shorelines ()	
Front:		Back:		Side:	

APPROVALS	Initial	Date	SPECIAL COMMENTS		
Water/Sewer					
Public Works					
Planning/Environmental					
Drainage & Erosion Control					
Fire/Life Safety					
Building	<u>wh</u>	<u>4-26-13</u>			

FEES DUE	Amount	Account	FEES DUE	Amount	Account
Building Permit	<u>1475.35</u>	001 332 10 00	Water Assessment	<u>2940.00</u>	302 388 10 10
Plan Review	<u>358.98 + 600.00</u>	001 332 10 20	Meter Deposit	<u>630.00</u>	401 389 00 00
Surcharge	<u>4.50</u>	001 332 10 00	Sewer Assessment	<u>4463.00</u>	302 388 10 00
Grading/Excavation		001 332 10 00	Sewer Inspection	<u>210.00</u>	402 369 90 00
Fire/Light Safety		001 332 10 10	Roadway Access	<u>130.00</u>	104 322 40 00
Floodplain Mgt	<u>100.00</u>	001 345 89 00	Mechanical/Plumbing		001 322 10 00
School Impact Fees	<u>2750.00</u>	350 345 85 10	Receipt Number: Amount Date		
Fire Impact Fees	<u>1530.00</u>	351 345 85 00	<u>90321</u>	<u>600.00</u>	<u>4/11/13</u>
Park Impact Fees	<u>1110.00</u>	352 345 85 00	<u>90335</u>	<u>151057.83</u>	<u>4/01/13</u>

15,057.83

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. 213-047
Date 4/16/2013

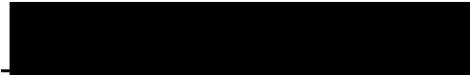
Applicant Name ADVANTAGE HTG CLG PLB IN		Title (if owner, state OWNER) TREST SMITH		Daytime Phone:
Property Owner GRANT JESSICA BJUR		Mailing Address, City, State & Zip 98674		Daytime Phone:
Contractor ADVANTAGE HTG CLG PLB		Business Address, City, State & Zip 3106 NE 163RD RD WOODLAND WA 98642		Daytime Phone: 360-693-5220
City of Woodland Business License Number 0000 15.7		Washington State Labor & Industries Number and Expiration Date ADVANTHC0110R 03/10/15		
Project Address 301 THISTLE CT WOODLAND, WA 98674		Subdivision/Legal Description REQUIRED		Parcel Number 5-02357023
Type of Facility: <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Educational <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/>		Work Type: <input type="checkbox"/> Demolish <input checked="" type="checkbox"/> Remodel/Alter <input type="checkbox"/> Addition <input type="checkbox"/> New <input type="checkbox"/> Move <input type="checkbox"/> Repair <input type="checkbox"/>		

PLUMBING:	MECHANICAL:
Fixtures (or set) on one trap _____ Building or Trailer Park Sewer _____ Rainwater System Drains (inside) _____ Private Sewage System _____ Water Heaters and/or Vents _____ 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 AIC <input checked="" type="checkbox"/>

Describe Project and Specific Use in Detail:
INSTALL New A/C UNIT

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PERMIT \$ 3764.62

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.


4/16/13
 APPLICANT'S SIGNATURE DATE

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Project Address/Location: 301 Thistle Ct.		<input type="checkbox"/> First Plumbing Permit <input type="checkbox"/> First Mechanical Permit		Permit Type: 36	Flood Zone: A-15		
Permit Approval	Initial	Date	COMMENTS				
Mechanical	WLR	4/16/13					
Plumbing							
Fire/Life Safety							
FEES DUE	Req'd	Amount	Account	FEES DUE	Req'd	Amount	Account
Plumbing Permit			001 322 10 00	Other			
Mechanical Permit		65.00	001 322 10 00	Other			
Other				Other			
Received By: JR	Date: 4/16/13	Receipt Number: 90213	Total Due \$ 65.00				

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. 213-046
 Date 4/12/13

Applicant Name <u>Bob Lute</u>	Title (if owner, state OWNER) <u>Owner</u>	Daytime Phone: [REDACTED]
Property Owner <u>Same</u>	Mailing Address, City, State & Zip <u>Same</u>	Daytime Phone:
Contractor <u>Self</u>	Business Address, City, State & Zip <u>NA</u>	Daytime Phone:
City of Woodland Business License Number <u>NA</u>	Washington State Labor & Industries Number and Expiration Date <u>NA</u>	REQUIRED
Project Address <u>706 Washington St</u>	Subdivision/Legal Description <u>REQUIRED</u>	Parcel Number <u>5-0347</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 checked="" type="checkbox"/> Repair <input type="checkbox"/> _____
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PLUMBING:	MECHANICAL:
Fixtures (or set) on one trap _____ Building or Trailer Park Sewer _____ X 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: Replace Sewer Lateral To Home.

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PERMIT \$ 1200.00

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]
REQUIRED

APPLICANT'S SIGNATURE _____ DATE _____

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Project Address/Location: <u>706 Washington</u>	<input type="checkbox"/> First Plumbing Permit <input type="checkbox"/> First Mechanical Permit	Permit Type: 36	Flood Zone: <u>B</u> ^{PAID}
Permit Approval	Initial	Date	COMMENTS
Mechanical			
Plumbing	<u>ww</u>	<u>4-12</u>	<u>APR 12 2013</u>
Fire/Life Safety			<u>CITY OF WOODLAND</u>
FEES DUE	Req'd	Amount	Account
Plumbing Permit		<u>59.00</u>	001 322 10 00
Mechanical Permit			001 322 10 00
Other			Other
Received By: <u>JR</u>	Date: <u>4-12-13</u>	Receipt Number: <u>90199</u>	Total Due: <u>\$ 59.00</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. 213-045
 Date 4/10/2013

Applicant Name <u>Millers One Hour Heating</u>	Title (if owner, state OWNER) <u>Comfort Advisor</u>	Daytime Phone: [REDACTED]
Property Owner <u>Jeff Sullivan</u>	Mailing Address, City, State & Zip [REDACTED]	Daytime Phone: [REDACTED]
Contractor <u>Millers One Hour</u>	Business Address, City, State & Zip <u>1609 NE HWY 99 VANICOUVER, WA 98665</u>	Daytime Phone: <u>360.607.4281</u>
City of Woodland Business License Number <u>04-000017.2</u>	Washington State Labor & Industries Number and Expiration Date <u>MILLEON 932 JL 4/30/2013</u>	
Project Address <u>130 S Pekin Ad</u>	Subdivision/Legal Description <u>[REDACTED]</u>	Parcel Number <u>5-02350802</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 checked="" type="checkbox"/> Repair <input checked="" type="checkbox"/> <u>Replace</u>
---	---

PLUMBING: Fixtures (or set) on one trap _____ Building or Trailer Park Sewer _____ Rainwater System Drains (inside) _____ Private Sewage System _____ Water Heaters and/or Vents _____ Gas Piping Systems of 1 to 5 vents _____ Gas Piping Systems over 5 vents _____ Industrial Waste Interceptors _____ Installations/Alterations/ Repairs of: • Water Piping _____ • Water Treating Equipment _____ • Medical Gas Piping _____ Fixtures with drain/vent repairs or alterations _____ Lawn Sprinkler System with Backflow Device _____ Vacuum Breakers not with Sprinkler _____ Backflow Protective Devices to 2" diameter _____ Backflow Protective Devices over 2" diameter _____	MECHANICAL: Furnace up to 100,000 BTU <u>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 _____
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Describe Project and Specific Use in Detail:
Replace existing 80% Gas furnace with new like furnace

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PERMIT \$ 35600.45

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

[REDACTED SIGNATURE] DATE 4/9/2013

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Project Address/Location: <u>130 S. Pekin</u>	<input type="checkbox"/> First Plumbing Permit <input type="checkbox"/> First Mechanical Permit	Permit Type: <u>36</u>	Flood Zone: <u>BAID</u>
--	--	------------------------	-------------------------

Permit Approval	Initial	Date	COMMENTS
Mechanical	<u>WW</u>	<u>4/10/13</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			

Receipted By: LCash Date: 4-10-13 Receipt Number: 90185 Total Due: \$ 60.00

Residential Building 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. 213-044
 Date 4-5-2013 C.J.

Applicant Name <u>Russell Clark</u>		Title (if owner, state OWNER) <u>Contractor</u>	Property Owner <u>Jim Brotherton</u>	
Mailing Address, City, State & Zip [REDACTED]			Phone # [REDACTED]	Mobile # [REDACTED]
Contractor <u>Quickh M Hoes</u>		Contact Person/Title <u>Russell Clark</u>		
Mailing Address, City, State & Zip <u>P.O. Box 1385</u>		Phone # <u>360 241 0817</u>	Mobile # [REDACTED]	
City of Woodland Business License Number <u>251.8</u>		Washington State Labor & Industries Number and Expiration Date <u>602-610-6388 QUICKH*941K4</u>		
Property Address <u>733 Park St</u>		Subdivision/Legal Description		Parcel Number <u>5-051002</u>
Will this structure be within the 100 year floodplain? <input type="checkbox"/> YES If YES, attach a Floodplain Worksheet. <input checked="" type="checkbox"/> NO		Is any part of this property within 200 feet of a shoreline of statewide significance? <input type="checkbox"/> YES If so, a shoreline permit may be required (single family residential lots are exempt). <input checked="" type="checkbox"/> NO		
Is there or has there been any filling, grading, or excavation associated with this project? <input type="checkbox"/> YES If YES, and over 100CY, complete and attach an Excavation & Grading Worksheet <input type="checkbox"/> NO		Total Quantity of Earthwork: CY		
Type of Building <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Educational <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/>	Type of Project <input type="checkbox"/> New <input type="checkbox"/> Remodel <input type="checkbox"/> Add-on <input type="checkbox"/> Move <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Change in Use <input type="checkbox"/> Demolish			
Occupancy (uses): <u>single family</u>	Sq. Feet of Use <u>1</u>	Class/Type <u>1</u>	No. of Units <u>2</u>	No. of Bedrooms <u>4</u>
			No. of Stories <u>2</u>	Building Height <u>18 ft</u>
			Total Square Feet <u>1600</u>	
Energy Code Compliance Residential (SFD/Duplex): Type of Heating: <input type="checkbox"/> Residential <input type="checkbox"/> Industrial	<input type="checkbox"/> Prescriptive Path <input type="checkbox"/> Institutional <input type="checkbox"/> Educational	Non-Residential Envelope: <input type="checkbox"/> Prescriptive Option <input type="checkbox"/> Component Design <input type="checkbox"/> System Analysis	Non-Residential Mechanical: <input type="checkbox"/> Simple System <input type="checkbox"/> Complex System <input type="checkbox"/> System Analysis	Non-Residential Lighting: <input type="checkbox"/> Prescriptive Lighting <input type="checkbox"/> Light Power Allowance <input type="checkbox"/> System Analysis

Describe Project and Specific Use in Detail, Also Include All Fixtures Related to Plumbing and Mechanical Uses:

Tear off Roof re-lap lot permit
Asphalt shingles.

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

NOTICE: Separate permits and approvals may be required for this project. Every permit issued by the Administrative Authority under the provisions of the City of Woodland Municipal Code shall expire by limitation and become null and void if the work authorized by such permit is not commenced within 180 days from the date of issuance of such permit, or if the work authorized by such permit is suspended or abandoned for a period of 180 days after the work is commenced. Issuance of a permit does not authorize any work in public right-of-way or on utility easements. All provisions of laws and ordinances governing the type of project shall be complied with whether specified herein or not. The granting of a permit or an approval does not presume to give authority to violate or cancel the provisions 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, the permit or approval may be revoked. **It is the responsibility of the applicant to arrange for a FINAL INSPECTION for this project.**

Applicant's Signature: [REDACTED] Date: 4-5-2013

DO NOT WRITE BELOW - FOR OFFICE USE ONLY

Address: <u>733 Park St.</u>		Permit Type: <u>34</u>	Flood Zone: <u>B</u>
Other Permits Required: Plumbing Permit YES () NO () Mechanical Permit YES () NO () Fire/Life Safety YES () NO () Other YES () NO ()	Land Use Application Number: Zone: Comp. Plan Designation:		<input type="checkbox"/> Permitted Use <input type="checkbox"/> Conditional Use <input type="checkbox"/> Other
Setbacks: Front: Back: Side:	SEPA Determination Floodplain ()	Action: Critical Areas ()	Issued: Shorelines ()

APPROVALS	Initial	Date	SPECIAL COMMENTS
Water/Sewer			PAID
Public Works			
Planning/Environmental	<u>cg</u>	<u>4-5</u>	APPROVED
Drainage & Erosion Control			
Fire/Life Safety			
Building			

FEES DUE	Amount	Account	FEES DUE	Amount	Account
Building Permit	<u>55.00</u>	001 332 10 00	Water Assessment		302 388 10 10
Plan Review		001 332 10 20	Meter Deposit		401 389 00 00
Surcharge	<u>4.50</u>	001 332 10 00	Sewer Assessment		302 388 10 00
Grading/Excavation		001 332 10 00	Sewer Inspection		402 369 90 00
Fire/Light Safety		001 332 10 10	Roadway Access		104 322 40 00
Floodplain Mgt		001 345 89 00	Mechanical/Plumbing		001 322 10 00
School Impact Fees		350 345 85 10	Receipt Number	<u>90131</u>	Amount
Fire Impact Fees		351 345 85 00		<u>51.50</u>	Date
Park Impact Fees		352 345 85 00			<u>4-5-13</u>

Total Owning ~~\$55~~ \$59.50

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. 217-039
Date 3-27-13

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>same</u>	Daytime Phone: [REDACTED]
City of Woodland Business License Number <u>000176.7</u>	Washington State Labor & Industries Number and Expiration Date <u>KARLSON 9901E 7-27-14</u>	
Project Address <u>1815 Pompey Ct.</u>	Subdivision/Legal Description <u>Lot 9 Marwath Estates</u>	Parcel Number <u>5-07060109</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 _____ 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> 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) <u>1</u> • 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 <u>3</u> Ventilation System (not heat or a/c) _____ Hood w/ mechanical exhaust <u>1</u> Incinerator, domestic type _____ • commercial or industrial _____ Appliance/Equipment Item (UMC) _____ Fuel-Gas Piping System Outlets <u>1</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:
Build New Single family Home PAID
APR 10 2013
CITY OF WOODLAND

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

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

[REDACTED SIGNATURE] 3-27-13
DATE

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Project Address/Location: <u>1815 Pompey Ct.</u>		<input checked="" type="checkbox"/> First Plumbing Permit	Permit Type: <u>36</u>	Flood Zone: <u>A</u>			
		<input checked="" type="checkbox"/> First Mechanical Permit					
Permit Approval	Initial	Date	COMMENTS				
Mechanical	<u>WW</u>	<u>4/11/13</u>					
Plumbing	<u>WW</u>	<u>4/11/13</u>					
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>157.00</u>	001 322 10 00	Other			
Other				Other			
Received By: <u>SR</u>	Date: <u>4/19/13</u>	Receipt Number: <u>90180</u>	Total Due <u>\$ 326.00</u>				

Residential Building 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. 212-038
 Date 3/27/2013

Applicant Name <u>Karlson Development LLC owner</u>		Title (if owner, state OWNER) <u>owner</u>		Property Owner <u>Same</u>	
Mailing Address, City, State & Zip <u>Same</u>			Phone # <u>[REDACTED]</u>	Mobile # <u>[REDACTED]</u>	
Contractor <u>Same</u>		Contact Person/Title <u>Dave Karlson (owner)</u>			
Mailing Address, City, State & Zip <u>Same</u>			Phone # <u>[REDACTED]</u>	Mobile # <u>[REDACTED]</u>	
City of Woodland Business License Number <u>00017617</u>		Washington State Labor & Industries Number and Expiration Date <u>KARLSON 9801E 7-27-14</u>			
Property Address <u>1815 Pompey Ct</u>		Subdivision/Legal Description <u>lot #9 Verwath Estate</u>		Parcel Number <u>5-07060109</u>	
Will this structure be within the 100 year floodplain? <input checked="" type="checkbox"/> YES If YES, attach a Floodplain Worksheet. <input type="checkbox"/> NO		Is any part of this property within 200 feet of a shoreline of statewide significance? <input type="checkbox"/> YES If so, a shoreline permit may be required (single family residential lots are exempt). <input type="checkbox"/> NO			
Is there or has there been any filling, grading, or excavation associated with this project? <input type="checkbox"/> YES If YES, and over 100CY, complete and attach an Excavation & Grading Worksheet <input checked="" type="checkbox"/> NO		Total Quantity of Earthwork: CY			
Type of Building <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Educational <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/>		Type of Project <input type="checkbox"/> New <input type="checkbox"/> Add-on <input type="checkbox"/> Change in Use <input type="checkbox"/> Demolish <input type="checkbox"/> Remodel <input type="checkbox"/> Move <input type="checkbox"/> Repair <input type="checkbox"/>			
Occupancy (uses): <u>Single Family Residence</u>		Sq. Feet of Use <u>1604</u>	Class/Type <u>1</u>	No. of Units <u>1</u>	No. of Bedrooms <u>3</u>
<u>Garage</u>		<u>447</u>	<u>1</u>	<u>1</u>	<u>16</u>
Energy Code Compliance Residential (SFD/Duplex): Type of Heating: <input type="checkbox"/> Residential <input type="checkbox"/> Industrial		Residential (SFD/Duplex): <input type="checkbox"/> Prescriptive Path <input type="checkbox"/> Institutional <input type="checkbox"/> Educational	Non-Residential Envelope: <input type="checkbox"/> Prescriptive Option <input type="checkbox"/> Component Design <input type="checkbox"/> System Analysis	Non-Residential Mechanical: <input type="checkbox"/> Simple System <input type="checkbox"/> Complex System <input type="checkbox"/> System Analysis	Non-Residential Lighting: <input type="checkbox"/> Prescriptive Lighting <input type="checkbox"/> Light Power Allowance <input type="checkbox"/> System Analysis

Describe Project and Specific Use in Detail, Also Include All Fixtures Related to Plumbing and Mechanical Uses:

182,344.19

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PROJECT \$ 420,000.00

NOTICE: Separate permits and approvals may be required for this project. Every permit issued by the Administrative Authority under the provisions of the City of Woodland Municipal Code shall expire by limitation and become null and void if the work authorized by such permit is not commenced within 180 days from the date of issuance of such permit, or if the work authorized by such permit is suspended or abandoned for a period of 180 days after the work is commenced. Issuance of a permit does not authorize any work in public right-of-way or on utility easements. All provisions of laws and ordinances governing the type of project shall be complied with whether specified herein or not. The granting of a permit or an approval does not presume to give authority to violate or cancel the provisions 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, the permit or approval may be revoked. **It is the responsibility of the applicant to arrange for a FINAL INSPECTION for this project.**

Applicant's Signature: _____ Date: 3-27-13

DO NOT WRITE BELOW - FOR OFFICE USE ONLY

Address: <u>1815 Pompey Ct.</u>		Permit Type: <u>1</u>	Flood Zone: <u>A</u>
Other Permits Required: Plumbing Permit YES () NO () Mechanical Permit YES () NO () Fire/Life Safety YES () NO () Other _____ YES () NO ()		Land Use Application Number: Zone: <u>LDR-6</u> Comp. Plan Designation: <u>LDR</u>	<input checked="" type="checkbox"/> Permitted Use <input type="checkbox"/> Conditional Use <input type="checkbox"/> Other
Setbacks: Front: _____ Back: _____ Side: _____		SEPA Determination Floodplain () Critical Areas () Shorelines ()	Action: Issued:

APPROVALS	Initial	Date	SPECIAL COMMENTS		
Water/Sewer			Plan Review Total: \$948.06		
Public Works					
Planning/Environmental					
Drainage & Erosion Control					
Fire/Life Safety					
Building	<u>ww</u>	<u>3/9/13</u>			
FEES DUE	Amount	Account	FEES DUE	Amount	Account
Building Permit	<u>1458.55</u>	001 332 10 00	Water Assessment	<u>2940.00</u>	302 388 10 10
Plan Review Permit	<u>600.00</u>	001 332 10 20	Meter Deposit	<u>630.00</u>	401 389 00 00
Surcharge	<u>4.50</u>	001 332 10 00	Sewer Assessment	<u>4463.00</u>	302 388 10 00
Grading/Excavation		001 332 10 00	Sewer Inspection	<u>210.00</u>	402 369 90 00
Fire/Light Safety		001 332 10 10	Roadway Access	<u>125.00</u>	104 322 40 00
Floodplain Mgt	<u>\$100.00</u>	001 345 89 00	Mechanical/Plumbing		001 322 10 00
School Impact Fees	<u>\$2,750.00</u>	350 345 85 10	Receipt Number: _____ Amount: _____ Date: _____		
Fire Impact Fees	<u>\$1,530.00</u>	351 345 85 00	<u>90015</u>	<u>600.00</u>	<u>3/27/13</u>
Park Impact Fees	<u>\$1,116.00</u>	352 345 85 00	<u>90179</u>	<u>151675.11</u>	<u>4/9/13</u>

Total Owning = \$15,675.11

\$348.06 net plan review

Residential Building 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. 213-5355
 Date 3/22/13

Applicant Name <u>Karlson Development LLC</u>	Title (if owner, state OWNER) <u>owner</u>	Property Owner <u>same</u>
Mailing Address, City, State & Zip [REDACTED]		Phone # [REDACTED]
Contractor <u>same</u>		Mobile # [REDACTED]

Mailing Address, City, State & Zip <u>same</u>	Contact Person/Title <u>Dwaine Karlson (Member)</u>
Phone # [REDACTED]	
Mobile # [REDACTED]	

City of Woodland Business License Number <u>000126.7</u>	Washington State Labor & Industries Number and Expiration Date <u>KARISOL980LE 7-27-14</u>
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Property Address <u>1775 Clatsop st</u>	Subdivision/Legal Description <u>lot # 60 Marwette estates</u>	Parcel Number <u>5-07060160</u>
Will this structure be within the 100 year floodplain? <input type="checkbox"/> YES If YES, attach a Floodplain Worksheet. <input type="checkbox"/> NO		Is any part of this property within 200 feet of a shoreline of statewide significance? <input type="checkbox"/> YES If so, a shoreline permit may be required (single family residential lots are exempt). <input type="checkbox"/> NO

Is there or has there been any filling, grading, or excavation associated with this project? <input type="checkbox"/> YES If YES, and over 100CY, complete and attach an Excavation & Grading Worksheet <input type="checkbox"/> NO	Total Quantity of Earthwork: CY
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Type of Building <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Educational <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/>	Type of Project <input checked="" type="checkbox"/> New <input type="checkbox"/> Add-on <input type="checkbox"/> Change in Use <input type="checkbox"/> Demolish <input type="checkbox"/> Remodel <input type="checkbox"/> Move <input type="checkbox"/> Repair <input type="checkbox"/>
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Occupancy (uses): <u>Single family Residence</u>	Sq. Feet of Use <u>2001</u>	Class/Type <u>1</u>	No. of Units <u>1</u>	No. of Bedrooms <u>3</u>	No. of Bathrooms <u>2</u>
<u>Attached garage</u>	<u>625</u>	<u>1</u>	<u>1</u>	<u>16</u>	<u>2001</u>

Energy Code Compliance	Residential (SFD/Duplex): <input type="checkbox"/> Prescriptive Path <input type="checkbox"/> Residential <input type="checkbox"/> Industrial	Non-Residential Envelope: <input type="checkbox"/> Prescriptive Option <input type="checkbox"/> Component Design <input type="checkbox"/> System Analysis	Non-Residential Mechanical: <input type="checkbox"/> Simple System <input type="checkbox"/> Complex System <input type="checkbox"/> System Analysis	Non-Residential Lighting: <input type="checkbox"/> Prescriptive Lighting <input type="checkbox"/> Light Power Allowance <input type="checkbox"/> System Analysis
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Describe Project and Specific Use in Detail, Also Include All Fixtures Related to Plumbing and Mechanical Uses:

New construction single family

230,079.16

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PROJECT \$150,000.00

NOTICE: Separate permits and approvals may be required for this project. Every permit issued by the Administrative Authority under the provisions of the City of Woodland Municipal Code shall expire by limitation and become null and void if the work authorized by such permit is not commenced within 180 days from the date of issuance of such permit, or if the work authorized by such permit is suspended or abandoned for a period of 180 days after the work is commenced. Issuance of a permit does not authorize any work in public right-of-way or on utility easements. All provisions of laws and ordinances governing the type of project shall be complied with whether specified herein or not. The granting of a permit or an approval does not presume to give authority to violate or cancel the provisions 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, the permit or approval may be revoked. **It is the responsibility of the applicant to arrange for a FINAL INSPECTION for this project.**

[REDACTED] Applicant's Signature 3-22-13 Date

DO NOT WRITE BELOW - FOR OFFICE USE ONLY

Address: <u>1775 Clatsop</u>	Permit Type: <u>1</u>	Flood Zone: <u>A15</u>
Other Permits Required: Plumbing Permit YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Mechanical Permit YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Fire/Life Safety YES <input type="checkbox"/> NO <input type="checkbox"/> Other YES <input type="checkbox"/> NO <input type="checkbox"/>	Land Use Application Number: Zone: _____ Comp. Plan Designation: _____	<input checked="" type="checkbox"/> Permitted Use <input type="checkbox"/> Conditional Use <input type="checkbox"/> Other
Setbacks: Front: <u>25</u> Back: <u>15</u> Side: <u>5</u>	SEPA Determination: _____ Action: _____ Floodplain () Critical Areas ()	Issued: _____ Shorelines ()

APPROVALS	Initial	Date	SPECIAL COMMENTS
Water/Sewer			
Public Works			
Planning/Environmental			<u>Posted Fees 4-5-2013</u>
Drainage & Erosion Control			<u>Transaction Report 4-5-2013</u>
Fire/Life Safety			<u>Total Dwing = 16,093.63</u>
Building	<u>WW</u>	<u>4/4/13</u>	

FEES DUE	Amount	Account	FEES DUE	Amount	Account
Building Permit	<u>1727.35</u>	001 332 10 00	Water Assessment	<u>2940.00</u>	302 388 10 10
Plan Review <u>522.78</u>	<u>600.00</u>	001 332 10 20	Meter Deposit	<u>630.00</u>	401 389 00 00
Surcharge	<u>4.50</u>	001 332 10 00	Sewer Assessment	<u>4463.00</u>	302 388 10 00
Grading/Excavation		001 332 10 00	Sewer Inspection	<u>210.00</u>	402 369 90 00
Fire/Light Safety		001 332 10 10	Roadway Access	<u>100.00</u>	104 322 40 00
Floodplain Mgt	<u>100.00</u>	001 345 89 00	Mechanical/Plumbing		001 322 10 00
School Impact Fees	<u>2750.00</u>	350 345 85 10	Receipt Number: _____ Amount: _____ Date: _____		
Fire Impact Fees	<u>1530.00</u>	351 345 85 00	<u>899.76</u>	<u>1000.00</u>	<u>3/25/13</u>
Park Impact Fees	<u>1116.00</u>	352 345 85 00	<u>901.64</u>	<u>11093.63</u>	<u>4/8/13</u>

\$17,293.63 Total - \$5000 Deposit = \$16,693.63 Dwing 16.97

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. 213-036
 Date 3/22/13

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	Daytime Phone:
Contractor <u>Same</u>	Business Address, City, State & Zip	Daytime Phone:
City of Woodland Business License Number <u>000176.7</u>	Washington State Labor & Industries Number and Expiration Date <u>KARLSON DEVELOPMENT 7-27-14</u>	
Project Address <u>1775 Clatsop St</u>	Subdivision/Legal Description <u>Lot # 60 Hermetic Estates</u>	Parcel Number <u>5-07060160</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>19</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 <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> 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) <u>1</u> • 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 <u>3</u> Ventilation System (not heat or a/c) .. _____ Hood w/ mechanical exhaust <u>1</u> Incinerator, domestic type _____ • commercial or industrial _____ Appliance/Equipment Item (UMC) _____ Fuel-Gas Piping System Outlets <u>1</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:

New construction single family PAID

APR 08 2013

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

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

[REDACTED SIGNATURE] 3-22-13

APPLICANT'S SIGNATURE DATE

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Project Address/Location: <u>1775 Clatsop</u>		<input type="checkbox"/> First Plumbing Permit	Permit Type: <u>36</u>	Flood Zone: <u>A15</u>			
		<input type="checkbox"/> First Mechanical Permit					
Permit Approval	Initial	Date	COMMENTS				
Mechanical	<u>WW</u>	<u>159 4-4-13</u>					
Plumbing	<u>WW</u>	<u>199 4-4-13</u>					
Fire/Life Safety							
FEES DUE	Req'd	Amount	Account	FEES DUE	Req'd	Amount	Account
Plumbing Permit		<u>199.00</u>	001 322 10 00	Other			
Mechanical Permit		<u>159.00</u>	001 322 10 00	Other			
Other				Other			
Received By: <u>SR</u>	Date: <u>4/18/13</u>	Receipt Number: <u>90105</u>	Total Due \$ 358.00				

Commercial Building 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. 213-033
 Date 4-3-2013

Applicant Name ADVANCED ELECTRIC SIGNS <small>REQUIRED</small>		Title (if owner, state OWNER) CONTRACTOR		Property Owner <small>REQUIRED</small> HARLOW'S BUS SERVICE	
Mailing Address, City, State & Zip [REDACTED]			Phone # [REDACTED]	Mobile # [REDACTED]	
Contractor ADVANCED ELECTRIC SIGNS <small>REQUIRED</small>		Contact Person/Title WOODY / PROJECT MANAGER <small>REQUIRED</small>			
Mailing Address, City, State & Zip 155D DOWN RIVER DR WOODLAND WA 98674			Phone # 360-225-6826	Mobile # [REDACTED]	
City of Woodland Business License Number 12-000015.3 <small>REQUIRED</small>		Washington State Labor & Industries Number and Expiration Date ADVANES 903 B5 <small>REQ 12/14</small>			
Property Address 1670 SCHURMAN WAY <small>REQUIRED</small>		Subdivision/Legal Description <small>REQUIRED</small>		Parcel Number 5-04212018	
Will this structure be within the 100 year floodplain? <input type="checkbox"/> YES If YES, attach a Floodplain Worksheet. <input type="checkbox"/> NO		Is any part of this property within 200 feet of a shoreline of statewide significance? <input type="checkbox"/> YES If so, a shoreline permit may be required (single family residential lots are exempt). <input type="checkbox"/> NO			
Is there or has there been any filling, grading, or excavation associated with this project? <input type="checkbox"/> YES If YES, and over 100CY, complete and attach an Excavation & Grading Worksheet <input type="checkbox"/> NO		Total Quantity of Earthwork: CY			
Type of Building <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Educational <input checked="" type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/>		Type of Project <input type="checkbox"/> New <input type="checkbox"/> Add-on <input type="checkbox"/> Change in Use <input type="checkbox"/> Remodel <input type="checkbox"/> Move <input type="checkbox"/> Repair <input type="checkbox"/> Demolish			
Occupancy (uses):		Sq. Feet of Use	Class/Type	No. of Units	No. of Bedrooms
				No. of Stories	Building Height
					Total Square Feet
Energy Code Compliance		Residential (SFD/Duplex):	Non-Residential Envelope:	Non-Residential Mechanical:	Non-Residential Lighting:
Type of Heating:		<input type="checkbox"/> Prescriptive Path	<input type="checkbox"/> Prescriptive Option	<input type="checkbox"/> Simple System	<input type="checkbox"/> Prescriptive Lighting
<input type="checkbox"/> Residential		<input type="checkbox"/> Institutional	<input type="checkbox"/> Component Design	<input type="checkbox"/> Complex System	<input type="checkbox"/> Light Power Allowance
<input type="checkbox"/> Industrial		<input type="checkbox"/> Educational	<input type="checkbox"/> System Analysis	<input type="checkbox"/> System Analysis	<input type="checkbox"/> System Analysis

Describe Project and Specific Use in Detail:
NON-ILLUMINATED DIBOND PANELS INSTALLED ON BUILDING FRONT

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PROJECT \$ 1250⁰⁰ REQUIRED

NOTICE: Separate permits and approvals may be required for this project. Every permit issued by the Administrative Authority under the provisions of the City of Woodland Municipal Code shall expire by limitation and become null and void if the work authorized by such permit is not commenced within 180 days from the date of issuance of such permit, or if the work authorized by such permit is suspended or abandoned for a period of 180 days after the work is commenced. Issuance of a permit does not authorize any work in public right-of-way or on utility easements. All provisions of laws and ordinances governing the type of project shall be whether specified herein or not. The granting of a permit or an approval does not presume to give authority to violate or cancel the provisions 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, the permit or approval may be revoked. **It is the responsibility of the applicant to arrange for a FINAL INSPECTION for this project.**

Applicant's Signature [REDACTED] REQUIRED Date 3/21/13 REQUIRED

DO NOT WRITE BELOW - FOR OFFICE USE ONLY

Address: <u>1670 Schurman Way</u>		Permit Type <u>35</u>	Flood Zone <u>B</u>
Other Permits Required: Plumbing Permit YES () NO () Mechanical Permit YES () NO () Fire/Life Safety YES () NO () Other YES () NO ()		Land Use Application Number Zone	<input type="checkbox"/> Permitted Use <input type="checkbox"/> Conditional Use <input type="checkbox"/> Other
Setbacks: Front: Back: Side:		SEPA Determination Floodplain ()	Action: Critical Areas ()
		Issued:	Shorelines ()

APPROVALS	Initial	Date	SPECIAL COMMENTS
Water/Sewer			
Public Works			
Planning/Environmental	<u>CG</u>	<u>4-2-13</u>	
Drainage & Erosion Control			
Fire/Life Safety			
Building	<u>WL</u>	<u>4-2-13</u>	

FEES DUE	Amount	Account	FEES DUE	Amount	Account
Building Permit	<u>100.00</u>	300-332-10-00	Water Assessment		302-388-10-10
Plan Review		300-332-10-20	Sewer Assessment		302-388-10-00
Surcharge		300-332-10-00	Sewer Inspection		402-369-90-00
Grading/Excavation		300-332-10-00	Roadway Access		104-322-40-00
Fire/Light Safety		300-332-10-10			
Floodplain Mgt		300-345-39-00			
Fire Impact Fees		351-345-35-10	Receipt Number		Date
School Impact Fees		350-345-35-00	<u>90092</u>	<u>100.00</u>	<u>4/13/13</u>
Park Impact Fees		352-345-35-00			

Total owing: \$100.00

Residential Building 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. 213-032
 Date 3-19-13

Applicant Name Ray Ivarsen		Title (if owner, state OWNER) Manager		Property Owner Devin Gleason	
Mailing Address, City, State, & Zip				Phone #	Mobile #
Contractor Premier patio & Awning, Inc.			Contact Person/Title Ray Ivarsen / Manager		
Mailing Address, City, State & Zip 905-C NE 68th St. Vancouver, WA 98665				Phone # 360-690-2042	Mobile # 360-600-2214
City of Woodland Business License Number 000248.6		Washington State Labor & Industries Number and Expiration Date PREM1PA942B3 - 1-23-2014			
Property Address 543 Windflower Drive Woodland, WA 98674			Subdivision/Legal Description		Parcel Number 5-08090121
Will this structure be within the 100 year floodplain? <input type="checkbox"/> YES If YES, attach a Floodplain Worksheet. <input checked="" type="checkbox"/> NO		Is any part of this property within 200 feet of a shoreline of statewide significance? <input type="checkbox"/> YES If so, a shoreline permit may be required (single family residential lots are exempt). <input checked="" type="checkbox"/> NO			
Is there or has there been any filling, grading, or excavation associated with this project? <input type="checkbox"/> YES If YES, and over 100CY, complete and attach an Excavation & Grading Worksheet. <input checked="" type="checkbox"/> NO			Total Quantity of Earthwork: NIA CY		
Type of Building <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Educational <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/>		Type of Project <input type="checkbox"/> New <input type="checkbox"/> Add-on <input type="checkbox"/> Change in Use <input type="checkbox"/> Demolish <input type="checkbox"/> Remodel <input type="checkbox"/> Move <input type="checkbox"/> Repair <input type="checkbox"/>			
Occupancy (uses):		Sq. Feet of Use	Class/Type	No. of Units	No. of Bedrooms
				No. of Stories	Building Height
					Total Square Feet
Energy Code Compliance Residential (SFD/Duplex):		Non-Residential Envelope:		Non-Residential Mechanical:	
Type of Heating: <input type="checkbox"/> Prescriptive Path		<input type="checkbox"/> Prescriptive Option		<input type="checkbox"/> Simple System	
<input type="checkbox"/> Residential <input type="checkbox"/> Institutional		<input type="checkbox"/> Component Design		<input type="checkbox"/> Complex System	
<input type="checkbox"/> Industrial <input type="checkbox"/> Educational		<input type="checkbox"/> System Analysis		<input type="checkbox"/> System Analysis	
				<input type="checkbox"/> Prescriptive Lighting	
				<input type="checkbox"/> Light Power Allowance	
				<input type="checkbox"/> System Analysis	

Describe Project and Specific Use in Detail, Also Include All Fixtures Related to Plumbing and Mechanical Uses:

10' x 18' Aluminum patio cover

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PROJECT \$ 3,042.00

NOTICE: Separate permits and approvals may be required for this project. Every permit issued by the Administrative Authority under the provisions of the City of Woodland Municipal Code shall expire by limitation and become null and void if the work authorized by such permit is not commenced within 180 days from the date of issuance of such permit, or if the work authorized by such permit is suspended or abandoned for a period of 180 days after the work is commenced. Issuance of a permit does not authorize any work in public right-of-way or on utility easements. All provisions of laws and ordinances governing the type of project shall be complied with whether specified herein or not. The granting of a permit or an approval does not presume to give authority to violate or cancel the provisions 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, the permit or approval may be revoked. **It is the responsibility of the applicant to arrange for a FINAL INSPECTION for this project.**

Applicant's Signature: _____ Date: 3/6/13

DO NOT WRITE BELOW - FOR OFFICE USE ONLY

Address: 543 WINDFLOWER		Permit Type: 3	Flood Zone: B
Other Permits Required: Plumbing Permit: YES () NO () Mechanical Permit: YES () NO () Fire/Life Safety: YES () NO () Other: YES () NO ()		Land Use Application Number: LDR8.5	<input type="checkbox"/> Permitted Use <input type="checkbox"/> Conditional Use <input type="checkbox"/> Other
Setbacks: Front: 25' Back: 5' Side: 15'	SEPA Determination	Action:	Issued:
	Floodplain ()	Critical Areas ()	Shorelines ()

RECEIVED

MAR 19 2013

City of Woodland
Building Dept
Planning Dept

APPROVALS	Initial	Date	SPECIAL COMMENTS		
Water/Sewer					
Public Works					
Planning/Environmental					
Drainage & Erosion Control					
Fire/Life Safety					
Building	WR	3-26-13			
FEES DUE	Amount	Account	FEES DUE	Amount	Account
Building Permit	97.25	001 332 10 00	Water Assessment	302 388 10 10	
Plan Review	63.21	001 332 10 20	Meter Deposit	401 389 00 00	
Surcharge	4.50	001 332 10 00	Sewer Assessment	302 388 10 00	
Grading/Excavation		001 332 10 00	Sewer Inspection	402 369 90 00	
Fire/Light Safety		001 332 10 10	Roadway Access	104 322 40 00	
Floodplain Mgt		001 345 89 00	Mechanical/Plumbing	001 322 10 00	
School Impact Fees		350 345 85 10	Receipt Number:	Amount	Date
Fire Impact Fees		351 345 85 00	90157	164.96	4-8-13
Park Impact Fees		352 345 85 00			

164.96 total due

Residential Building 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. 213-029
 Date 3/18 JJD

Applicant Name <u>Karla Hiller</u>		Title (if owner, state OWNER) <u>Owner</u>		Property Owner <u>Same</u>	
Mailing Address, City, State & Zip [REDACTED]				Phone # [REDACTED]	
Contractor <u>N/A</u>				Contact Person/Title	
Mailing Address, City, State & Zip <u>[REDACTED]</u>				Phone # [REDACTED]	
City of Woodland Business License Number		Washington State Labor & Industries Number and Expiration Date			
Property Address <u>8102 CC ST</u>		Subdivision/Legal Description		Parcel Number <u>5-039100200</u>	
Will this structure be within the 100 year floodplain? <input type="checkbox"/> YES If YES, attach a Floodplain Worksheet. <input checked="" type="checkbox"/> NO		Is any part of this property within 200 feet of a shoreline of statewide significance? <input type="checkbox"/> YES If so, a shoreline permit may be required (single family residential lots are exempt). <input checked="" type="checkbox"/> NO			
Is there or has there been any filling, grading, or excavation associated with this project? <input type="checkbox"/> YES If YES, and over 100CY, complete and attach an Excavation & Grading Worksheet. <input checked="" type="checkbox"/> NO		Total Quantity of Earthwork: CY			
Type of Building <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Educational <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/>		Type of Project <input type="checkbox"/> New <input type="checkbox"/> Add-on <input type="checkbox"/> Change in Use <input type="checkbox"/> Demolish <input type="checkbox"/> Remodel <input type="checkbox"/> Move <input type="checkbox"/> Repair <input checked="" type="checkbox"/> Roof over			
Occupancy (uses): <u>Residential</u>		Sq. Feet of Use <u>1,200±</u>		Class/Type <u>/</u>	
				No. of Units <u>1</u>	
				No. of Bedrooms <u>3</u>	
				No. of Bathrooms <u>1</u>	
				No. of Stories	
				Building Height	
				Total Square Feet	
Energy Code Compliance Residential (SFD/Duplex):		Non-Residential Envelope:		Non-Residential Mechanical:	
Type of Heating: <input type="checkbox"/> Prescriptive Path		<input type="checkbox"/> Prescriptive Option		<input type="checkbox"/> Simple System	
<input type="checkbox"/> Residential <input type="checkbox"/> Institutional		<input type="checkbox"/> Component Design		<input type="checkbox"/> Complex System	
<input type="checkbox"/> Industrial <input type="checkbox"/> Educational		<input type="checkbox"/> System Analysis		<input type="checkbox"/> System Analysis	
				Non-Residential Lighting: <input type="checkbox"/> Prescriptive Lighting <input type="checkbox"/> Light Power Allowance <input type="checkbox"/> System Analysis	

Describe Project and Specific Use in Detail, Also Include All Fixtures Related to Plumbing and Mechanical Uses: Pubco Premier Advan.
Roof over single layer using architectural shingles
new vents

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

NOTICE: Separate permits and approvals may be required for this project. Every permit issued by the Administrative Authority under the provisions of the City of Woodland Municipal Code shall expire by limitation and become null and void if the work authorized by such permit is not commenced within 180 days from the date of issuance of such permit, or if the work authorized by such permit is suspended or abandoned for a period of 180 days after the work is commenced. Issuance of a permit does not authorize any work in public right-of-way or on utility easements. All provisions of laws and ordinances governing the type of project shall be complied with whether specified herein or not. The granting of a permit or an approval does not presume to give authority to violate or cancel the provisions of any other federal, state, or local laws regulating construction, the performance of construction, and/or operation of the project.

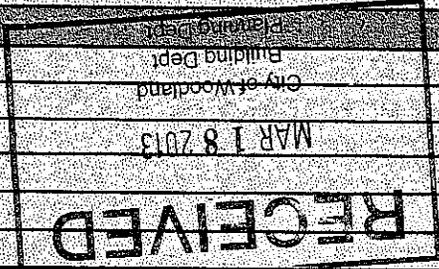
I hereby certify that I have read and examined this application and know the same to be true and correct, and if any of the information provided, the permit or approval may be revoked. **It is the responsibility of the applicant to arrange for a FINAL INSPECTION for this project.**

Applicant's Signature: [REDACTED] Date: 2-22-13

DO NOT WRITE BELOW - FOR OFFICE USE ONLY

Address: <u>8102 CC STREET</u>		Permit Type: <u>34</u>	Flood Zone: <u>B</u>
Other Permits Required: Plumbing Permit YES () NO () Mechanical Permit YES () NO () Fire/Life Safety YES () NO () Other YES () NO ()		Land Use Application Number: <u>LDR-10</u>	<input type="checkbox"/> Permitted Use <input type="checkbox"/> Conditional Use <input type="checkbox"/> Other
Setbacks: Front: _____ Back: _____ Side: _____		SEPA Determination	Action:
		Floodplain ()	Critical Areas ()
			Shorelines ()

APPROVALS	Initial	Date	SPECIAL COMMENTS
Water/Sewer			
Public Works			
Planning/Environmental			
Drainage & Erosion Control			
Fire/Life Safety			
Building	<u>WH</u>	<u>3-19-13</u>	



FEES DUE	Amount	Account	FEES DUE	Amount	Account
Building Permit	<u>55.00</u>	001 332 10 00	Water Assessment	<u>315</u>	302 388 10 10
Plan Review		001 332 10 20	Meter Deposit		401 389 00 00
Surcharge	<u>4.50</u>	001 332 10 00	Sewer Assessment	<u>113</u>	302 388 10 00
Grading/Excavation		001 332 10 00	Sewer Inspection		402 369 90 00
Fire/Light Safety		001 332 10 10	Roadway Access		104 322 40 00
Floodplain Mgt		001 345 89 00	Mechanical/Plumbing		001 322 10 00
School Impact Fees		350 345 85 10	Receipt Number: _____ Amount: _____ Date: _____		
Fire Impact Fees		351 345 85 00			
Park Impact Fees		352 345 85 00			

Owing = \$59.50