

Residential Building Permit Application E. C. J

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

FOR OFFICE USE ONLY
 Permit No. 213-073
 Date 5-21-13 C.J

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]		Mobile # [REDACTED]
Contractor <u>Same</u>			Contact Person/Title <u>Duanekarlson (Member)</u>		
Mailing Address, City, State & Zip [REDACTED]			Phone # [REDACTED]		Mobile # [REDACTED]
City of Woodland Business License Number <u>000176.7</u>		Washington State Labor & Industries Number and Expiration Date <u>KALSOLE 9806E 7-27-14</u>			
Property Address <u>336 Hillshire Dr</u>		Subdivision/Legal Description <u>Lot 63 Hillside Meadows</u>		Parcel Number <u>5-07060163</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 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"/>			
Occupancy (uses): <u>Single family</u> <u>Garage</u>		Sq. Feet of Use <u>2177</u> <u>458</u>		Class/Type <u>R13</u> <u>U1</u>	
		No. of Units <u>2</u>		No. of Bedrooms <u>4</u>	
		No. of Stories <u>2</u>		Building Height <u>24</u>	
		Total Square Feet <u>2177</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:
New construction single family

\$241,736.77 Ww

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PROJECT
\$156,000.00

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: 5-14-13 P

DO NOT WRITE BELOW - FOR OFFICE USE ONLY

Address: <u>336 Hillshire</u>		Permit Type: <u>1</u>	Flood Zone: <u>A15</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			
Public Works			
Planning/Environmental			
Drainage & Erosion Control			
Fire/Life Safety			
Building	<u>Ww</u>	<u>6-27-13</u>	

FEES DUE	Amount	Account	FEES DUE	Amount	Account
Building Permit	<u>1788.95</u>	001 332 10 00	Water Assessment	<u>2940.00</u>	302 388 10 10
Plan Review	<u>562.82+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	<u>—</u>	001 332 10 00	Sewer Inspection	<u>210.00</u>	402 369 90 00
Fire/Light Safety	<u>—</u>	001 332 10 10	Roadway Access <u>22x5</u>	<u>110.00</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>90774</u>	<u>650.00</u>	<u>5/21/13</u>
Park Impact Fees	<u>116.00</u>	352 345 85 00	<u>91805</u>	<u>116205.27</u>	<u>6/29/13</u>

Net due 16,205.27

e.c.s

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. 213-072
Date 5/21/13 (C.9)

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>KALC019806E 7-27-14</u>	
Project Address <u>336 Hillshire Dr.</u>	Subdivision/Legal Description <u>lot 63 Meriwether</u>	Parcel Number <u>5-07060163</u>
Type of Facility: <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Educational <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> _____	Work Type: <input type="checkbox"/> Demolish <input type="checkbox"/> Remodel/Alter <input type="checkbox"/> Addition <input checked="" type="checkbox"/> New <input type="checkbox"/> Move <input type="checkbox"/> Repair <input type="checkbox"/> _____	

PLUMBING:	MECHANICAL:	
Fixtures (or set) on one trap <u>9</u>	Furnace up to 100,000 BTU <u>1</u>	Air Handling Units up to 10,000 CFM _____
Building or Trailer Park Sewer <u>1</u>	Furnace over 100,000 BTU _____	• over 10,000 CFM _____
Rainwater System Drains (inside) _____	Floor Furnace installation or relocation _____	Evaporative Cooler (non portable)..... _____
Private Sewage System _____	Heater (suspended, recessed or floor) _____	Ventilation Fan w/ single duct <u>4</u>
Water Heaters and/or Vents _____	Vent not included with appliance _____	Ventilation System (not heat or a/c) .. _____
Gas Piping Systems of 1 to 5 vents <u>X</u>	Repair/Alteration/Addition to Appliance _____	Hood w/ mechanical exhaust <u>1</u>
Gas Piping Systems over 5 vents _____	Boilers/Compressors to 3hp (heat pump) <u>1</u>	Incinerator, domestic type _____
Industrial Waste Interceptors _____	• from 3 to 15 hp _____	• commercial or industrial _____
Installations/Alterations/ Repairs of:	• from 15 to 30 hp _____	Appliance/Equipment Item (UMC) <u>1</u>
• Water Piping <u>1</u>	• from 30 to 50 hp _____	Fuel-Gas Piping System Outlets <u>1</u>
• Water Treating Equipment _____	• over 50 hp _____	Haz. Process Piping System Outlets .. _____
• Medical Gas Piping _____	Absorption Systems to 100,000 BTU/h _____	Non-Haz. Proc. Piping System Outlets _____
Fixtures with drain/vent repairs or alterations	• from 100,000 to 500,000 BTU/h _____	Commercial Hood Type 1 _____
Lawn Sprinkler System with Backflow Device <u>1</u>	• from 500,000 to 1,000,000 BTU/h _____	Dust Collection System _____
Vacuum Breakers not with Sprinkler	• from 1,000,000 to 1,750,000 BTU/h _____	Other _____
Backflow Protective Devices to 2" diameter	• over 1,750,000 BTU/h _____	
Backflow Protective Devices over 2" diameter		

Describe Project and Specific Use in Detail:

(P)

PAID

JUN 28 2013

CITY OF WOODLAND

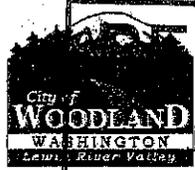
TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PERMIT \$ 19,000.00 (REMOVED)

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

APPLICANT'S SIGNATURE _____ DATE 5-14-13 (REQUIRED)

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Project Address/Location: <u>336 Hillshire</u>	<input type="checkbox"/> First Plumbing Permit <input type="checkbox"/> First Mechanical Permit	Permit Type: <u>36</u>	Flood Zone: <u>A 15</u>
Permit Approval	Initial	Date	COMMENTS
Mechanical	<u>WH</u>	<u>6-27-13</u>	
Plumbing	<u>WH</u>	<u>6-27-13</u>	
Fire/Life Safety			
FEES DUE	Req'd	Amount	Account
Plumbing Permit		\$ 179	001 322 10 00
Mechanical Permit		166	001 322 10 00
Other			
Received By: <u>JK</u>	Date: <u>6/28/13</u>	Receipt Number: <u>91206</u>	Total Due \$ <u>345</u>



RECEIVED
 JUN 13 2013

Commercial & Multifamily Building Permit Application

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

PRINT IN INK OR TYPE

City of Woodland (Separate Mechanical & Plumbing Permits Required)
 Building Dept

FOR OFFICE USE ONLY
 Permit No. 213-092
 Date Received: 6/13/13

REVISION 6-24-13

APPLICANT Planning Dept Name Dan Van Phone: [REDACTED]
 Mailing Address, City, State, Zip: [REDACTED] Email Address: [REDACTED]

PROPERTY OWNER Name AK Development LLC Phone: [REDACTED]
 Mailing Address, City, State, Zip: [REDACTED] Email Address: [REDACTED]

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

Property Address 1020 Atlantic Ave Woodland, WA 98674 Parcel Number [REDACTED]

Fill & Grade/Excavation with this project? Yes [] No [X] Total Quantity of Earthwork: CY Type of Project [] New [] Add On [] Demolition [X] Remodel [] Repair [] Other []

Occupancy (uses): Hanging new walls No. of Units [] No. of Bedrooms [] No. of Bathrooms []
 No. of Stories [] Building Height [] Total Square Feet []

Describe Project and Specific Use in Detail:
remove walls and putting up new ones

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

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

Utility service requests and associated fees are processed by the City of Woodland Public Works Department. For information on application and rates, contact (360) 225-7999.

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

Owner's Signature: [REDACTED] Date: 6-13-13
 Applicant's Signature: [REDACTED] Date: 6-13-13

(P)

DO NOT WRITE BELOW - FOR OFFICE USE ONLY

Setbacks: Front [] Side [] Back [] Zone: C-2 Permit Type: 12 Flood Zone: B

Approvals	Initial	Date	Comments
Civil Plans			
Planning Department			
Drainage/Erosion Control			
Fire/Life Safety			
Building	<u>ww</u>	<u>6-24-13</u>	

PAID
 JUN 27 2013

Fees Due	Amount	Account	Fees Due	Amount	Account
Building Permit	<u>111.25</u>	001 322 10 00	Fire Impact Fees		351 345 85 00
Plan Review Pre-payment	<u>0</u>	001 322 10 20	Park Impact Fees		352 345 85 00
Plan Review Balance	<u>77.31</u>	001 322 10 20	Roadway Access		104 322 40 00
Surcharge	<u>4.50</u>	001 322 10 00	TOTAL		
Grading/Excavating		001 322 10 00	Receipt Number		Amount
Floodplain Mgt.		001 345 89 00	<u>91188</u>	<u>188.06</u>	Date
School Impact Fees		350 345 85 00			<u>6-27-13</u>
Transp. Impact Fees		353 345 85 00			Initial
					<u>LC</u>

Form Revised 5/2013
 Total = 188.06

638344

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. 213-094
Date 6/14/13

Applicant Name: <u>Salina Thapa</u>		Title (if owner, state OWNER): <u>Contractor</u>	Daytime Phone: [REDACTED]
Property Owner: <u>Capper, Dennis & Jen</u>		Mailing Address, City, State & Zip: [REDACTED]	Daytime Phone: [REDACTED]
Contractor: <u>Fast Water Heater</u>		Business Address, City, State & Zip: <u>Bothell, WA 98011</u> <u>1715 N. Creek Parkway S. C-106</u>	Daytime Phone: <u>425-636-7084</u>
City of Woodland Business License Number: <u>12-0001227</u>		Washington State Labor & Industries Number and Expiration Date: <u>Fastwwh948BC</u> <u>1/4/14</u>	
Project Address: <u>205 Tsugawa Ct</u>		Subdivision/Legal Description: <u>REQUIRED</u>	Parcel Number: <u>5-08090134</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"/> 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 _____ <u>1</u> Gas Piping Systems of 1 to 5 vents _____ Gas Piping Systems over 5 vents _____ Industrial Waste Interceptors _____ Installations/Alterations/ Repairs of: • Water Piping _____ • 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:

Remove & replace gas water heater in existing location

RECEIVED

JUN 14 2013

City of Woodland
Building Dept
Planning Dept

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PERMIT \$ 1055

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

[REDACTED] APPLICANT'S SIGNATURE
 DATE 06/12/13

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Project Address/Location:		<input type="checkbox"/> First Plumbing Permit	Permit Type: <u>36</u>	Flood Zone:			
		<input type="checkbox"/> First Mechanical Permit		<u>PAID</u>			
Permit Approval	Initial	Date	COMMENTS				
Mechanical			JUN 27 2013				
Plumbing	<u>wh</u>	<u>6-26-13</u>					
Fire/Life Safety			CITY OF WOODLAND				
FEES DUE	Req'd	Amount	Account	FEES DUE	Req'd	Amount	Account
Plumbing Permit		<u>50.00</u>	001 322 10 00	Other			
Mechanical Permit			001 322 10 00	Other			
Other				Other			
Received By: <u>ccasn</u>	Date: <u>6-27-13</u>	Receipt Number: <u>91172</u>	Total Due \$ <u>50.00</u>				

e.c.g

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. 213-097
Date 6-19-2013 (C.g)

Applicant Name <u>Miller's One Hour Heating</u>	Title (if owner, state OWNER) <u>Comfort Advisor</u>	Daytime Phone: [REDACTED]
Property Owner <u>Daniel & Brandy Jackson</u>	Mailing Address, City, State & Zip [REDACTED]	Daytime Phone: [REDACTED]
Contractor <u>Miller's One Hour Heating</u>	Business Address, City, State & Zip <u>6109 NE Hwy 99 Vancouver WA 98665</u>	Daytime Phone: <u>360-604-4281</u>
City of Woodland Business License Number <u>12-000017</u>	Washington State Labor & Industries Number and Expiration Date <u>MILLEOHA92JK</u>	REQUIRED
Project Address <u>311 Fir</u>	Subdivision/Legal Description <u>Greenwood</u>	Parcel Number <u>5-0235053</u>
Type of Facility: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Educational <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> _____	Work Type: <input type="checkbox"/> Demolish <input type="checkbox"/> Remodel/Alter <input type="checkbox"/> Addition <input type="checkbox"/> New <input type="checkbox"/> Move <input type="checkbox"/> Repair <input type="checkbox"/> _____	

PLUMBING:	MECHANICAL:
Fixtures (or set) on one trap _____ Building or Trailer Park Sewer _____ Rainwater System Drains (inside) _____ Private Sewage System _____ Water Heaters and/or Vents _____ Gas Piping Systems of 1 to 5 vents _____ Gas Piping Systems over 5 vents _____ Industrial Waste Interceptors _____ Installations/Alterations/ Repairs of: • Water Piping _____ • Water Treating Equipment _____ • Medical Gas Piping _____ Fixtures with drain/vent repairs or alterations _____ Lawn Sprinkler System with Backflow Device _____ Vacuum Breakers not with Sprinkler _____ Backflow Protective Devices to 2" diameter _____ Backflow Protective Devices over 2" diameter _____	Furnace up to 100,000 BTU _____ 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>4</u> • over 10,000 CFM _____ Evaporative Cooler (non portable) _____ Ventilation Fan w/ single duct _____ Ventilation System (not heat or a/c) _____ Hood w/ mechanical exhaust _____ Incinerator, domestic type _____ • commercial or industrial _____ Appliance/Equipment Item (UMC) _____ Fuel-Gas Piping System Outlets _____ Haz. Process Piping System Outlets _____ Non-Haz. Proc. Piping System Outlets _____ Commercial Hood Type 1 _____ Dust Collection System _____ Other _____

Describe Project and Specific Use in Detail:

Add 4 zone ductless Heat Pump systems

(P)

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PERMIT \$ 11,367 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.

APPLICANT'S SIGNATURE: [REDACTED] DATE: 6/16/13 REQUIRED

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Project Address/Location:	<input type="checkbox"/> First Plumbing Permit <input type="checkbox"/> First Mechanical Permit	Permit Type: 36	Flood Zone:				
Permit Approval	Initial	Date	COMMENTS				
Mechanical	<u>lw</u>	<u>6-26-13</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>65.00</u>	001 322 10 00	Other			
Other		<u>145.00</u>		Other			
Received By: <u>l.ash</u>	Date: <u>6-27-13</u>	Receipt Number: <u>91193</u>	Total Due \$ <u>145.00</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. 213-107
Date 6-27-13

Applicant Name HENDRICKSON HVAC SERVICES, INC	Title (if owner, state OWNER) SAM - OFFICE MANAGER	Daytime Phone: [REDACTED]
Property Owner MATTHEW DUVAL	Mailing Address, City, State & Zip [REDACTED]	Daytime Phone: [REDACTED]
Contractor HENDRICKSON HVAC SERVICES, INC	Business Address, City, State & Zip P.O. Box 1910 B6 98604 WA	Daytime Phone: 360 687 2034
City of Woodland Business License Number Pending	Washington State Labor & Industries Number and Expiration Date HENDRHS940QF	REQUIRED
Project Address 308 HILLSHIRE DR	Subdivision/Legal Description SECT 1 TOWN AVE; HILLSHIRE MANOR LIT 30 185N-1E	Parcel Number 5-02357030
Type of Facility: <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Educational <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/>	Work Type: <input type="checkbox"/> Demolish <input type="checkbox"/> Remodel/Alter <input checked="" type="checkbox"/> Addition <input type="checkbox"/> New <input type="checkbox"/> Move <input type="checkbox"/> Repair <input type="checkbox"/>	

PLUMBING: 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 _____ <input checked="" type="checkbox"/> • from 15 to 30 hp _____ • from 30 to 50 hp _____ • over 50 hp _____ Absorption Systems to 100,000 BTU/h _____ • from 100,000 to 500,000 BTU/h _____ • from 500,000 to 1,000,000 BTU/h _____ • from 1,000,000 to 1,750,000 BTU/h _____ • over 1,750,000 BTU/h _____	Air Handling Units up to 10,000 CFM _____ • over 10,000 CFM _____ Evaporative Cooler (non portable) _____ Ventilation Fan w/ single duct _____ Ventilation System (not heat or a/c) _____ Hood w/ mechanical exhaust _____ Incinerator, domestic type _____ • commercial or industrial _____ Appliance/Equipment Item (UMC) _____ Fuel-Gas Piping System Outlets _____ Haz. Process Piping System Outlets _____ Non-Haz. Proc. Piping System Outlets _____ Commercial Hood Type 1 _____ Dust Collection System _____ Other _____
---	--	--

Describe Project and Specific Use in Detail:

INSTALL 4 TON AC UNIT + COIL, ADD 1 RETURN GRILL,

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PERMIT \$ 4628.68

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.

6-27-13

APPLICANT'S SIGNATURE
DATE

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Project Address/Location:		<input type="checkbox"/> First Plumbing Permit	Permit Type: 36	Flood Zone:			
		<input type="checkbox"/> First Mechanical Permit					
Permit Approval	Initial	Date	COMMENTS				
Mechanical	Ww	6-27-13					
Plumbing							
Fire/Life Safety							
FEES DUE	Req'd	Amount	Account	FEES DUE	Req'd	Amount	Account
Plumbing Permit		90⁰⁰	001 322 10 00	Other			
Mechanical Permit			001 322 10 00	Other			
Other				Other			
Received By:	Date	Receipt Number	Total Due \$ 90⁰⁰				
LASH	6-27-13	91189					



One and Two Family Building Permit Application

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

Phone: (360) 225-7299

PRINT IN INK OR TYPE

(Separate Mechanical & Plumbing Permits Required)

FOR OFFICE USE ONLY

Permit No. 213-105

Date Received: 6-26-13

APPLICANT		Name: <u>STEVEN PETERSEN</u>		Phone: [REDACTED]	
Mailing Address, City, State, Zip		[REDACTED]		Email Address: [REDACTED]	
PROPERTY OWNER		Name: <u>STEVEN PETERSEN</u>		Phone: <u>SAME</u>	
Mailing Address, City, State, Zip		<u>SAME</u>		Email Address: <u>SAME</u>	
GENERAL CONTRACTOR		Business Name: <u>N/A</u>		Contact Person:	
Mailing Address, City, State, Zip				Phone:	
City Business License #		State Contractors License #		Email Address:	
Property Address				Parcel Number	
<u>202 MISTY DR. Woodland, WA 98674</u>					
Fill & Grade/Excavation with this project?		Type of Project		[] New [] Demolition	
Yes [] No [X] Total Quantity of Earthwork: <u>CY</u>		[] Remodel [X] Add On [] Repair		[X] Other <u>DECK</u>	
Occupancy (uses):		No. of Units	No. of Bedrooms	No. of Bathrooms	
		No. of Stories	Building Height	Total Square Feet	
Describe Project and Specific Use in Detail:					
<u>IMPROVING DECK ON BACK OF HOUSE 50'9" X 12"</u>					
<u>9</u>					
TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PROJECT \$ <u>4000</u>					
<small>NOTICE: Separate permits and approvals may be required for this project. This permit may expire if work does not commence within 180 days of approval or if work is suspended or abandoned for a period of 180 days. Issuance of a permit does not authorize any work in public right-of-way or on utility easements. The granting of a permit or approval does not presume to give authority to violate or cancel the provision of any other federal, state or local laws regulating construction, the performance of construction, and the operation of the project.</small>					
I hereby certify that I have read and examined this application and know the same to be true and correct, and if any of the information provided is erroneous, the permit or approval may be revoked. It is the responsibility of the applicant to arrange for ANY INSPECTIONS for this project.					
Owner's Signature		Date			
[REDACTED]		<u>06/26/2013</u>			
Applicant's Signature		Date			
DO NOT WRITE BELOW - FOR OFFICE USE ONLY					
Setbacks: Front:		Side:		Back:	
				Zone:	
				Permit Type: <u>43 PAID</u>	
				Flood Zone:	
Approvals		Initial	Date	Comments	
Civil Plans					
Planning Department				<u>JUN 27 2013</u>	
Drainage/Erosion Control					
Fire/Life Safety					
Building		<u>WW</u>	<u>6-26-13</u>	<u>CITY OF WOODLAND</u>	
Fees Due		Amount	Account	Fees Due	
Building Permit		<u>97.25</u>	001 322 10 00	Water Assessment	
Plan Review Pre-payment		<u>0</u>	001 322 10 20	Meter Deposit	
Plan Review Balance		<u>63.21</u>	001 322 10 20	Sewer Assessment	
Surcharge		<u>4.50</u>	001 322 10 00	Sewer Inspection	
Grading/Excavating			001 322 10 00	Roadway Access	
Floodplain Mgt.			001 345 89 00	TOTAL	
School Impact Fees			350 345 85 00	<u>164.96</u>	
Fire Impact Fees			351 345 85 00	Receipt Number	Amount
Park Impact Fees			352 345 85 00	<u>91173</u>	<u>164.96</u>
Transp. Impact Fees			353 345 85 00	Date	Initial
				<u>6-27-13</u>	<u>LC</u>

PAID 60 cash \$104.96 ER (TW)



Commercial & Multifamily Building Permit Application

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

Phone: (360) 225-7299

PRINT IN INK OR TYPE

(Separate Mechanical & Plumbing Permits Required)

FOR OFFICE USE ONLY

Permit No. 213-099
Received 6-19-13

APPLICANT		Name <u>FR JERRY woodman : ST Phil. Catholic church</u>	Phone: [REDACTED]
Mailing Address, City, State Zip		[REDACTED]	Email Address: [REDACTED]
PROPERTY OWNER		Name <u>ARCHDIOCESE OF SEATTLE</u>	Phone: [REDACTED]
Mailing Address, City State, Zip		[REDACTED]	Email Address: [REDACTED]
GENERAL CONTRACTOR		Business Name <u>OWNER</u>	Contact Person <u>John FRAENZ</u>
Mailing Address, City State, Zip		[REDACTED]	Phone: [REDACTED]
City Business License #	State Contractors License #	Email:	
Property Address <u>430 BOZARTH ST.</u>		Parcel Number	
Fill & Grade/Excavation with this project? Yes [] No <input checked="" type="checkbox"/> Total Quantity of Earthwork: <u>0</u> CY		Type of Project [] New [] Add On [] Demolition [] Remodel [] Repair <input checked="" type="checkbox"/> Other <u>RE ROOF</u>	
Occupancy (uses): <u>CHURCH SERVICES</u>		No. of Units	No. of Bedrooms
		No. of Bathrooms	
		No. of Stories	Building Height
		Total Square Feet	

Describe Project and Specific Use in Detail:

RE ROOF CHURCH 9 MOUNT CROSS



TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PROJECT \$ 20,000

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

Utility service requests and associated fees are processed by the City of Woodland Public Works Department. For information on application and rates, contact (360) 225-7999.

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

Owner's Signature

Date

6/7/13

Applicant's Signature

Date

6/19/13

DO NOT WRITE BELOW - FOR OFFICE USE ONLY

Setbacks: Front: _____ Side: _____ Back: _____	Zone: _____	Permit Type: <u>34</u>	Flood Zone: _____
--	-------------	------------------------	-------------------

Approvals	Initial	Date	Comments			
Civil Plans						
Planning Department						
Drainage/Erosion Control						
Fire/Life Safety						
Building						
Fees Due	Amount	Account	Fees Due	Amount	Account	
Building Permit	<u>47.80</u>	001 322 10 00	Fire Impact Fees		351 345 85 00	
Plan Review Pre-payment	<u>0</u>	001 322 10 20	Park Impact Fees		352 345 85 00	
Plan Review Balance	<u>27.17</u>	001 322 10 20	Roadway Access		104 322 40 00	
Surcharge	<u>4.50</u>	001 322 10 00	TOTAL			
Grading/Excavating		001 322 10 00	Receipt Number	Amount	Date	Initial
<u>Re-Roof</u>	<u>100.00</u>	<u>001-322-10-00</u>	<u>001-322-10-00</u>			
School Impact Fees		350 345 85 00	<u>91176</u>	<u>173.47</u>	<u>6/27/13</u>	<u>LC</u>

Revised 4.2013

Total 173.47

Residential Building Permit Application e.w

City of Woodland, Washington - Building Department

PRINT IN INK OR TYPE - PRESS FIRMLY - DO NOT USE PENCIL

FOR OFFICE USE ONLY
 Permit No. 213-082
 Date 5/24/13

Applicant Name <u>John Hafferlin</u>		Title (if owner, state OWNER) <u>owner</u>		Property Owner	
Mailing Address, City, State & Zip			Phone #		Mobile #
Contractor <u>John Hafferlin</u>			Contact Person/Title		
Mailing Address, City, State & Zip <u>same as above</u>			Phone #		Mobile # <u>same as above</u>
City of Woodland Business License Number		Washington State Labor & Industries Number and Expiration Date			
Property Address <u>351 FIR AVE.</u>		Subdivision/Legal Description		Parcel Number <u>5-0235057</u>	
Will this structure be within the 100 year floodplain? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Is any part of this property within 200 feet of a shoreline of statewide significance? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		If YES, attach a Floodplain Worksheet.	
Is there or has there been any filling, grading, or excavation associated with this project? <input type="checkbox"/> YES <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 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 <u>384</u>	Class/Type	No. of Units	No. of Bedrooms
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: 12' x 32' patio cover. Gable construction with scissor trusses, Attached to house, uses two new posts & concrete pads.

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: _____ Date: 5-23-13

DO NOT WRITE BELOW - FOR OFFICE USE ONLY

Address: <u>351 Fir</u>		Permit Type: <u>2</u>		Flood Zone: <u>A-15</u>	
Other Permits Required: Plumbing Permit YES () NO () Mechanical Permit YES () NO () Fire/Life Safety YES () NO () Other _____ YES () NO ()		Land Use Application Number:		[] Permitted Use [] Conditional Use [] 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			

FEES DUE	Amount	Account	FEES DUE	Amount	Account
Building Permit	<u>132.25</u>	001 332 10 00	Water Assessment		302 388 10 10
Plan Review	<u>75.96</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 Numbers		
Fire Impact Fees		351 345 85 00	Amount	<u>222.71</u>	Date
Park Impact Fees		352 345 85 00			<u>6/20/13</u>

Total Owning: 222.71

e.lww

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. 213-058
Date 4/29/13

Applicant Name <u>KEVIN CRAMSE</u>		Title (if owner, state OWNER) <u>Technician</u>	Daytime Phone:
Property Owner <u>Sonlight Supply Inc.</u>		Mailing Address, City, State & Zip [REDACTED]	Daytime Phone:
Contractor <u>Owner</u>		Business Address, City, State & Zip <u>1560 Downriver Rd Woodland WA 98674</u>	Daytime Phone:
City of Woodland Business License Number <u>1429</u> <small>REQUIRED</small>		Washington State Labor & Industries Number and Expiration Date <small>REQUIRED</small>	
Project Address <u>1560 Downriver DR Woodland</u>		Subdivision/Legal Description <small>REQUIRED</small>	Parcel Number <small>REQUIRED</small> <u>5-0600</u>
Type of Facility: <input type="checkbox"/> Residential <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Educational <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> _____		Work Type: <input type="checkbox"/> Demolish <input type="checkbox"/> Remodel/Alter <input type="checkbox"/> Addition <input type="checkbox"/> New <input type="checkbox"/> Move <input type="checkbox"/> Repair <input checked="" type="checkbox"/> Change out	

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 _____ <u>2</u> • 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: Change out existing AC's Like for Like

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

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

[REDACTED] 4.29.13
APPLICANT'S SIGNATURE DATE

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Project Address/Location:		<input type="checkbox"/> First Plumbing Permit	Permit Type: <u>36</u>	Flood Zone: <u>B</u>			
		<input type="checkbox"/> First Mechanical Permit					
Permit Approval	Initial	Date	COMMENTS				
Mechanical	<u>WV</u>	<u>5-1-13</u>	<u>PAID</u>				
Plumbing			<u>JUNE 17 2013</u>				
Fire/Life Safety							
FEES DUE	Req'd	Amount	Account	FEES DUE	Req'd	Amount	Account
Plumbing Permit			001 322 10 00	Other			
Mechanical Permit		<u>115.00</u>	001 322 10 00	Other			
Other				Other			
Received By: <u>JR</u>	Date <u>6/17/13</u>	Receipt Number <u>91082</u>	Total Due <u>\$ 115.00</u>				

e.c.g.

City of Woodland, Washington - Building Department Plumbing & Mechanical Permit Application

(PRINT IN INK OR TYPE - DO NOT USE PENCIL)

FOR OFFICE USE ONLY	
Permit No.	213-089
Date	6-4-13 By Cg

Applicant (sign below):		Title/Relationship	Daytime Phone
Property Owner: Annie Phelton		Mailing Address, City, State, & Zip	Daytime Phone
Contractor: Area Heating & Cooling		Business Address, City, State, & Zip 2721 NE 65 Ave Vanc WA 98661	Business Phone 360-737-0811
City of Woodland Business License No.: 000029.1		Washington State Dept. of Labor & Industries License AREAHC104301	Expiration Date 3-6-14
Project Address: 300 Thistle Road		Subdivision/Legal Desc.: Lot Block	Parcel No.: 5-02357011
Type of Facility: <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Educational			Work Type: <input type="checkbox"/> New <input type="checkbox"/> Remodel/Alter <input type="checkbox"/> Demolish <input type="checkbox"/> Move <input type="checkbox"/> Repair <input type="checkbox"/> Add'n

PLUMBING:	#	EQUIPMENT:	#		#
Fixtures (or set) on one trap	_____	Furnace up to 100,000 Btu	_____	Air Handling Units up to 10,000 CFM	_____
Building or Trailer Park Sewer	_____	Furnace over 100,000 Btu	_____	Over 10,000 CFM	_____
Rainwater System Drains (inside)	_____	Floor Furnace installation or relocation	_____	Evaporative Cooler (non-portable)	_____
Private Sewage System	_____	Heater (suspended, recessed, or floor)	_____	Ventilation fan w/ single duct	_____
Water Heaters and/or Vents	_____	Vent not included w/ appliance	_____	Ventilation System (not heat or A/C)	_____
Gas Piping Systems of 1 to 5 vents	_____	Repair/Alteration/Add'n to appliance	_____	Hood w/ mech exhaust	_____
over 5 vents	_____	Boilers/Compressors up to 3 hp	_____	Incinerator, domestic type	_____
Industrial Waste Interceptors	_____	from 3 to 15 hp	1	commercial or industrial	_____
Installations/Alterations/Repairs of	_____	from 15 to 30 hp	_____	Appliance/Equipment Item (UMC)	_____
water piping	_____	from 30 to 50 hp	_____	Fuel-Gas Piping System Outlets	_____
water treating equipment	_____	over 50 hp	_____	Haz. Process Piping System Outlets	_____
Fixtures w/ drain/vent repair/alteration	_____	Absorption Systems up to 100,000 Btu/h	_____	Non-Haz. Proc. Piping System Outlets	_____
Lawn Sprinkler System w/ backflow dev.	_____	from 100,000 to 500,000 Btu/h	_____		
Vacuum Breakers not w/ sprinkler	_____	from 500,000 to 1,000,000 Btu/h	_____		
Backflow Protective Devices to 2"	_____	from 1,000,000 to 1,750,000 Btu/h	_____		
over 2" diameter	_____	over 1,750,000 Btu/h	_____		

Describe Project and Specific Use in Detail:
adding 4 ton heat pump

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PERMIT \$ 6,000.00

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

6-4-13
 DATE

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Project Address/Location: <u>300 Thistle Rd.</u>	<input type="checkbox"/> First Plumb. Permit Application	Date: <u>PAID</u>
	<input type="checkbox"/> First Mech. Permit Reviewed by:	

Permit Approval	Initial	Date	COMMENT
Mechanical	<u>Ww</u>	<u>6-12-13</u>	
Plumbing			
Fire/Life Safety			

FEES DUE	R'qd	Amount	Account	FEES DUE	R'qd	Amount	Account
Plumbing Permit		\$ <u>75.00</u>	001 322 10 00	Fire/Life Safety			001 322 10 10
Mechanical Permit			001 322 10 00	Plan Review			001 322 10 20
				Receipt # <u>91073</u>		<u>75.00</u>	Date <u>6/14/13</u>

City of Woodland, Washington – Building Department
Plumbing & Mechanical Permit Application

(PRINT IN INK OR TYPE - DO NOT USE PENCIL)

e. c. g.

FOR OFFICE USE ONLY

Permit No. 213-091
 Date 6-11-13 By cg

Applicant (sign below): Area Heating & Cooling	Title/Relationship Contractor	Daytime Phone [REDACTED]
Property Owner: Tom Healey	Mailing Address, City, State, & Zip [REDACTED]	Daytime Phone [REDACTED]
Contractor: Area Heating & Cooling	Business Address, City, State, & Zip 2721 NE 16th Ave, Vancouver, WA 98674	Business Phone 360-737-0811
City of Woodland Business License No.: 4029-1	Washington State Dept. of Labor & Industries License AREAHC1043D1	Expiration Date 3/6/2014
Project Address: 265 E Scott Avenue	Subdivision/Legal Desc.: Lot Block	Parcel No.: 5-062701

Type of Facility: Industrial Institutional Other (specify)
 Residential Commercial Educational

Work Type: New Remodel/Alter
 Demolish Move Repair Add'n

PLUMBING:	#	EQUIPMENT:	#		#
Fixtures (or set) on one trap	_____	Furnace up to 100,000 Btu	<u>1</u>	Air Handling Units up to 10,000 CFM	_____
Building or Trailer Park Sewer	_____	Furnace over 100,000 Btu	_____	Over 10,000 CFM	_____
Rainwater System Drains (inside)	_____	Floor Furnace installation or relocation	_____	Evaporative Cooler (non-portable)	_____
Private Sewage System	_____	Heater (suspended, recessed, or floor)	_____	Ventilation fan w/ single duct	_____
Water Heaters and/or Vents	_____	Vent not included w/ appliance	_____	Ventilation System (not heat or A/C)	_____
Gas Piping Systems of 1 to 5 vents	_____	Repair/Alteration/Add'n to appliance	_____	Hood w/ mech exhaust	_____
over 5 vents	_____	Boilers/Compressors up to 3 hp	_____	Incinerator, domestic type	_____
Industrial Waste Interceptors	_____	from 3 to 15 hp	_____	commercial or industrial	_____
Installations/Alterations/Repairs of	_____	from 15 to 30 hp	_____	Appliance/Equipment Item (UMC)	_____
water piping	_____	from 30 to 50 hp	_____	Fuel-Gas Piping System Outlets	_____
water treating equipment	_____	over 50 hp	_____	Haz. Process Piping System Outlets	_____
Fixtures w/ drain/vent repair/alteration	_____	Absorption Systems up to 100,000 Btu/h	_____	Non-Haz. Proc. Piping System Outlets	_____
Lawn Sprinkler System w/ backflow dev.	_____	from 100,000 to 500,000 Btu/h	_____		
Vacuum Breakers not w/ sprinkler	_____	from 500,000 to 1,000,000 Btu/h	_____		
Backflow Protective Devices to 2"	_____	from 1,000,000 to 1,750,000 Btu/h	_____		
over 2" diameter	_____	over 1,750,000 Btu/h	_____		

P
c.g.

Describe Project and Specific Use in Detail:
installing a 2 ton air conditioner (c.g. 6-11-13)
Installing electric furnace w/ duct work.

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PERMIT \$ 5,800

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] 6-11-13
 APPLICANT'S SIGNATURE DATE

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Project Address/Location: 265 E Scott Ave.	<input type="checkbox"/> First Plumb. Permit Application <input type="checkbox"/> First Mech. Permit Reviewed by:	Date: PAID
--	--	----------------------

Permit Approval	Initial	Date	COMMENT
Mechanical	<u>WLV</u>	<u>6-13-13</u>	
Plumbing			
Fire/Life Safety			

FEES DUE	R'qd	Amount	Account	FEES DUE	R'qd	Amount	Account
Plumbing Permit			001 322 10 00	Fire/Life Safety			001 322 10 10
Mechanical Permit		<u>\$ 60 00</u>	001 322 10 00	Plan Review			001 322 10 20
				Receipt #	<u>91072</u>	<u>10000</u>	Date <u>6/14/13</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. 213-062
 Date 5-6-2013

Applicant Name <u>Jenneh Conteh</u>		Title (if owner, state OWNER) <u>Owner</u>		Property Owner	
Mailing Address, City, State & Zip			Phone #	Mobile #	
Contractor <u>Self</u>		Contact Person/Title <u>Same</u>			
Mailing Address, City, State & Zip <u>473 Windflower Dr Woodland WA</u>			Phone #	Mobile # <u>Same</u>	
City of Woodland Business License Number		Washington State Labor & Industries Number and Expiration Date			
Property Address <u>Same</u>		Subdivision/Legal Description		Parcel Number <u>5-08090125</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			
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 checked="" 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 Bathrooms
				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"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Educational		<input type="checkbox"/> Prescriptive Option <input type="checkbox"/> Component Design <input type="checkbox"/> System Analysis		<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:

I am building patio cover 36' x 25'

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PROJECT \$ 2100

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: 5/6/13

DO NOT WRITE BELOW - FOR OFFICE USE ONLY

Address: <u>473 Windflower Dr.</u>		Permit Type: <u>3</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					
Public Works					
Planning/Environmental					
Drainage & Erosion Control					
Fire/Life Safety					
Building	<u>WV</u>	<u>6-12-13</u>			
FEES DUE	Amount	Account	FEES DUE	Amount	Account
Building Permit	<u>83.25</u>	001 332 10 00	Water Assessment		302 388 10 10
Plan Review	<u>54.11</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:	Amount	Date
Fire Impact Fees		351 345 85 00	<u>91010</u>	<u>141.80</u>	<u>6-13-13</u>
Park Impact Fees		352 345 85 00			
TOTAL PERMIT FEE			\$141.86		

RECEIVED

One and Two Family Building

Permit Application

JUN 10 2013

Building Department 230 Davidson Ave., Woodland, WA 98674

City of Woodland

Phone: (360) 225-7299

Building Dept

PRINT IN INK OR TYPE

Planning Dept

(Separate Mechanical & Plumbing Permits Required)

FOR OFFICE USE ONLY

Permit No. 2013-090

Date Received: 6/10/13

APPLICANT		Name: <u>JEFF FLAWAGAN</u>		Phone: [REDACTED]	
Mailing Address, City, State Zip		[REDACTED]		Email Address: [REDACTED]	
PROPERTY OWNER		Name: <u>JEFF FLAWAGAN</u>		Phone: [REDACTED]	
Mailing Address, City State, Zip		[REDACTED]		Email Address: [REDACTED]	
GENERAL CONTRACTOR		Business Name: <u>N/A</u>		Contact Person: [REDACTED]	
Mailing Address, City State, Zip		[REDACTED]		Phone: [REDACTED]	
City Business License #		State Contractors License #		Email Address:	
Property Address		<u>246 MISTY DR.</u>		Parcel Number	
Fill & Grade/Excavation with this project?		Type of Project		<input checked="" type="checkbox"/> New <input type="checkbox"/> Add On <input type="checkbox"/> Demolition <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Total Quantity of Earthwork: <u>CY</u> <input type="checkbox"/> Remodel <input type="checkbox"/> Repair <input type="checkbox"/> Other	
Occupancy (uses):		No. of Units		No. of Bedrooms	
		No. of Stories		Building Height	
				Total Square Feet	
Describe Project and Specific Use in Detail: <u>Building 6' white vinyl fence as described in site plan</u>					
TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PROJECT \$ 0.00 <u>2400.00</u>					
NOTICE: Separate permits and approvals may be required for this project. This permit may expire if work does not commence within 180 days of approval or if work is suspended or abandoned for a period of 180 days. Issuance of a permit does not authorize any work in public right-of-way or on utility easements. The granting of a permit or an approval does not presume to give authority to violate or cancel the provision of any other federal, state or local laws regulating construction, the performance of construction, and/or operation of the project.					
I hereby certify that I have read and examined this application and know the same to be true and correct, and if any of the information provided is erroneous, the permit or approval may be revoked. It is the responsibility of the applicant to arrange for ANY INSPECTIONS for this project.					
Owner's Signature: [REDACTED]		Date: <u>6-10-13</u>			
Applicant's Signature: [REDACTED]		Date: <u>6-10-13</u>			
DO NOT WRITE BELOW - FOR OFFICE USE ONLY					
Setbacks: Front:		Side:		Back:	
				Zone: <u>LDR to</u>	
				Permit Type: <u>32</u>	
				Flood Zone: <u>A-15</u>	
Approvals		Initial		Date	
Civil Plans					
Planning Department					
Drainage/Erosion Control					
Fire/Life Safety					
Building		<u>WR</u>		<u>6/13/13</u>	
Fees Due		Amount		Account	
Building Permit		<u>55.00</u>		001 322 10 00	
Plan Review Pre-payment				001 322 10 20	
Plan Review Balance				001 322 10 20	
Surcharge				001 322 10 00	
Grading/Excavating				001 322 10 00	
Floodplain Mgt.				001 345 89 00	
School Impact Fees				350 345 85 00	
Fire Impact Fees				351 345 85 00	
Park Impact Fees				352 345 85 00	
Transp. Impact Fees				353 345 85 00	
				TOTAL	
				<u>55.00</u>	
		Receipt Number		Amount	
		<u>91065</u>		<u>55.00</u>	
		Date		Initial	
		<u>10-12-13</u>		<u>LC</u>	

2, C.J.

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. 213-017
Date 5/23/2013 (ats)

Applicant Name <u>Karlson Development LLC</u>	Title (if owner, state OWNER) <u>owner</u>	Daytime Phone: [REDACTED]
Property Owner <u>same</u>	Mailing Address, City, State & Zip [REDACTED]	Daytime Phone:
Contractor <u>same</u>	Business Address, City, State & Zip	Daytime Phone:
City of Woodland Business License Number <u>000176.7</u>	Washington State Labor & Industries Number and Expiration Date <u>KARLSON 7-27-14</u>	
Project Address <u>1817 Willow St</u>	Subdivision/Legal Description <u>lot 51 Merwetha</u>	Parcel Number <u>5-07060151</u>
Type of Facility: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Educational <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> _____	Work Type: <input type="checkbox"/> Demolish <input type="checkbox"/> Remodel/Alter <input type="checkbox"/> Addition <input type="checkbox"/> New <input type="checkbox"/> Move <input type="checkbox"/> Repair <input type="checkbox"/> _____	

PLUMBING:	MECHANICAL:
Fixtures (or set) on one trap <u>8</u>	Furnace up to 100,000 BTU <u>1</u>
Building or Trailer Park Sewer <u>1</u>	Furnace over 100,000 BTU _____
Rainwater System Drains (inside) _____	Floor Furnace installation or relocation _____
Private Sewage System _____	Heater (suspended, recessed or floor) _____
Water Heaters and/or Vents <u>1</u>	Vent not included with appliance _____
Gas Piping Systems of 1 to 5 vents <u>X</u>	Repair/Alteration/Addition to Appliance _____
Gas Piping Systems over 5 vents _____	Boilers/Compressors to 3hp (heat pump) <u>1</u>
Industrial Waste Interceptors _____	• from 3 to 15 hp _____
Installations/Alterations/ Repairs of:	• from 15 to 30 hp _____
• Water Piping <u>1</u>	• from 30 to 50 hp _____
• Water Treating Equipment _____	• over 50 hp _____
• Medical Gas Piping _____	Absorption Systems to 100,000 BTU/h _____
Fixtures with drain/vent repairs or alterations _____	from 100,000 to 500,000 BTU/h _____
Lawn Sprinkler System with Backflow Device <u>1</u>	• from 500,000 to 1,000,000 BTU/h _____
Vacuum Breakers not with Sprinkler _____	• from 1,000,000 to 1,750,000 BTU/h _____
Backflow Protective Devices to 2" diameter _____	• over 1,750,000 BTU/h _____
Backflow Protective Devices over 2" diameter _____	Air Handling Units up to 10,000 CFM _____
	• over 10,000 CFM _____
	Evaporative Cooler (non portable)..... _____
	Ventilation Fan w/ single duct <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 home

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] 5-17-13
APPLICANT'S SIGNATURE DATE

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Project Address/Location: <u>1817 Willow St.</u>	<input type="checkbox"/> First Plumbing Permit <input type="checkbox"/> First Mechanical Permit	Permit Type: <u>36</u>	Flood Zone: <u>A-15</u>
Permit Approval	Initial	Date	COMMENTS
Mechanical	<u>lw</u>	<u>6.6-13</u>	
Plumbing	<u>lw</u>	<u>6.6-13</u>	
Fire/Life Safety			
FEES DUE	Req'd	Amount	Account
Plumbing Permit		<u>169.00</u>	001 322 10 00
Mechanical Permit		<u>157.00</u>	001 322 10 00
Other			Other
Received By: <u>Cash</u>	Date: <u>6-11-13</u>	Receipt Number: <u>91052</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. 213-076
 Date 5/23/2013 *(initials)*

Applicant Name <u>Karsen Development LLC</u>		Title (if owner, state OWNER) <u>Owner</u>	Property Owner <u>owner</u>	
Mailing Address, City, State & Zip <u>[Redacted]</u>		Phone # <u>[Redacted]</u>	Mobile # <u>[Redacted]</u>	
Contractor <u>Same</u>		Contact Person/Title <u>Dwaine (Member)</u>		
Mailing Address, City, State & Zip <u>Same</u>		Phone # <u>[Redacted]</u>	Mobile # <u>[Redacted]</u>	
City of Woodland Business License Number <u>00017607</u>	Washington State Labor & Industries Number and Expiration Date <u>KARISOLA 7-27-14</u>			
Property Address <u>Lot 817 Willow St</u>	Subdivision/Legal Description <u>Lot 51 Merwethe</u>	Parcel Number <u>5-07060151</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		
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 type="checkbox"/> Change in Use <input type="checkbox"/> Repair <input type="checkbox"/> Demolish			
Occupancy (uses): <u>Single family</u> <u>Garage</u>	Sq. Feet of Use <u>1506</u> <u>525</u>	Class/Type <u>1</u> <u>1 U</u>	No. of Units No. of Bedrooms No. of Bathrooms	
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:
New construction single family home

175,273.71

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.**

Applicant's Signature: [Redacted] Date: 5-17-13

DO NOT WRITE BELOW - FOR OFFICE USE ONLY

Address: <u>1817 Willow St.</u>		Permit Type: <u>1</u>	Flood Zone: <u>A-15</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 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			
Drainage & Erosion Control			
Fire/Life Safety			
Building	<u>WW</u>	<u>6-6-13</u>	

FEES DUE	Amount	Account	FEES DUE	Amount	Account
Building Permit	<u>1419.35</u>	001 332 10 00	Water Assessment	<u>2940.00</u>	302 388 10 10
Plan Review	<u>322.58 + 600</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>21'</u>	<u>105⁰⁰</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>908016</u>	<u>600.00</u>	<u>5/23/13</u>
Park Impact Fees	<u>1116.00</u>	352 345 85 00	<u>91051</u>	<u>15,590.43</u>	<u>6-11-13</u>

Total = \$16,190.43 - 600 Deposit = Total Due = (\$15,590.43)

Residential Building Permit Application e. c. j

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

FOR OFFICE USE ONLY
 Permit No. 213-070
 Date 5/21/2013 (e.c.j.)

Applicant Name <u>Karlson Development Co</u>		Title (if owner, state OWNER) <u>owner</u>		Property Owner <u>Same</u>	
Mailing Address, City, State & Zip [REDACTED]				Phone # [REDACTED]	Mobile # [REDACTED]
Contractor <u>Same</u>			Contact Person/Title		
Mailing Address, City, State & Zip				Phone #	Mobile #
City of Woodland Business License Number <u>00017607</u>		Washington State Labor & Industries Number and Expiration Date <u>Karlson 19801E - 7-27-14</u>			
Property Address <u>1823 Willow St</u>		Subdivision/Legal Description <u>lots 2 Merwin</u>		Parcel Number <u>5-07060152</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 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"/>			
Occupancy (uses): <u>Single family</u>		Sq. Feet of Use <u>2001</u>	Class/Type <u>1</u>	No. of Units	No. of Bedrooms
<u>Garage</u>		<u>473</u>	<u>1</u>	No. of Stories	Building Height
					Total Square Feet
Energy Code Compliance Residential (SFD/Duplex): Type of Heating: <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Industrial		Non-Residential Envelope: <input type="checkbox"/> Prescriptive Path <input type="checkbox"/> Institutional <input type="checkbox"/> Educational <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:

New Construction Single family

224,204.36 (WW)

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 5-13-13 Date

DO NOT WRITE BELOW - FOR OFFICE USE ONLY

Address: <u>1823 Willow St.</u>		Permit Type: <u>1</u>	Flood Zone: <u>A15</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 () Critical Areas ()	Action: Shorelines ()

APPROVALS	Initial	Date	SPECIAL COMMENTS
Water/Sewer			
Public Works			
Planning/Environmental			
Drainage & Erosion Control			
Fire/Life Safety			
Building	<u>WW</u>	<u>6.6.13</u>	

FEES DUE	Amount	Account	FEES DUE	Amount	Account
Building Permit	<u>1693.75</u>	001 332 10 00	Water Assessment	<u>2940.00</u>	302 388 10 10
Plan Review	<u>500.94</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>110.00</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>90775</u>	<u>600.00</u>	<u>5/21/13</u>
Park Impact Fees	<u>1116.00</u>	352 345 85 00	<u>910491</u>	<u>16,048.19</u>	<u>6-11-13</u>

Total = \$16,648.19 - \$600 Deposit = Total Due = \$16,048.19

e. c. j

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. 213-071
Date 5/21/2013 (c9)

Applicant Name <u>Karlson Design/Construct</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 9901E-7-27-14</u>	REQUIRED
Project Address <u>1823 Willow St</u>	Subdivision/Legal Description <u>lot 32. Meriwether</u>	Parcel Number <u>507060152</u>
Type of Facility: <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Educational <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> _____	Work Type: <input type="checkbox"/> Demolish <input type="checkbox"/> Remodel/Alter <input type="checkbox"/> Addition <input checked="" type="checkbox"/> New <input type="checkbox"/> Move <input type="checkbox"/> Repair <input type="checkbox"/> _____	

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

Describe Project and Specific Use in Detail:

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]
APPLICANT'S SIGNATURE DATE 5-13-13 REQUIRED

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Project Address/Location: <u>1823 Willow St</u>	<input type="checkbox"/> First Plumbing Permit <input type="checkbox"/> First Mechanical Permit	Permit Type: <u>36</u>	Flood Zone: <u>A-15</u>
Permit Approval	Initial	Date	COMMENTS
Mechanical	<u>Wh</u>	<u>6.6.13</u>	
Plumbing	<u>Wh</u>	<u>6.6.13</u>	
Fire/Life Safety			
FEES DUE	Req'd	Amount	Account
Plumbing Permit		<u>199.00</u>	001 322 10 00
Mechanical Permit		<u>66.00</u>	001 322 10 00
Other			Other
Received By <u>Cash</u>	Date <u>6-11-13</u>	Receipt Number <u>91050</u>	Total Due \$ <u>365.00</u>



Commercial & Multifamily Building Permit Application

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

PRINT IN INK OR TYPE

(Separate Mechanical & Plumbing Permits Required)

FOR OFFICE USE ONLY
Permit No. 213-066

5-14-2014 (C.G.)

APPLICANT		Name <u>STEVE SLACK</u>	Phone: [REDACTED]
Mailing Address, City, State Zip [REDACTED]		Email Address:	
PROPERTY OWNER		Name <u>SAME</u>	Phone:
Mailing Address, City State. Zip		Email Address:	
GENERAL CONTRACTOR	Business Name <u>ARROW FENCE</u>	Contact Person <u>DAVE</u>	
Mailing Address, City State. Zip <u>218 NW 194th St, Ridgefield, WA</u>		Phone: <u>360-887-3745</u>	
City Business License # <u>000030.0</u>	State Contractors License # <u>ARROWFC044CZ</u>		Email:
Property Address <u>1550 DOWN RIVER DRIVE</u>		Parcel Number <u>5060003</u>	
Fill & Grade/Excavation with this project? Yes [] No [X] Total Quantity of Earthwork: <u>CY</u>		Type of Project [] New [] Add On [] Demolition [] Remodel [] Repair [] Other	
Occupancy (uses): <u>LIGHT IND.</u>		No. of Units	No. of Bedrooms
		No. of Bathrooms	
		No. of Stories	Building Height
		Total Square Feet	

Describe Project and Specific Use in Detail:

FENCE ALONG SOUTH PROPERTY LINE

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PROJECT \$ 3500⁰⁰

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

Utility service requests and associated fees are processed by the City of Woodland Public Works Department. For information on application and rates, contact (360) 225-7999.

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

Owner's Signature: [REDACTED] Date: 5-14-13
Applicant's Signature: SAME Date: _____

DO NOT WRITE BELOW - FOR OFFICE USE ONLY

Setbacks: Front: _____ Side: _____ Back: _____	Zone: <u>I-1</u>	Permit Type: <u>32</u>	Flood Zone: <u>B</u>
Approvals	Initial	Date	Comments
Civil Plans			
Planning Department	<u>CJ</u>	<u>5-14</u>	
Drainage/Erosion Control			
Fire/Life Safety			
Building			
Fees Due	Amount	Account	Fees Due
Building Permit	<u>55.00</u>	001 322 10 00	Fire Impact Fees
Plan Review Pre-payment		001 322 10 20	Park Impact Fees
Plan Review Balance		001 322 10 20	Roadway Access
Surcharge		001 322 10 00	TOTAL
Grading/Excavating		001 322 10 00	Receipt Number
Floodplain Mgt.		001 345 89 00	Amount
School Impact Fees		350 345 85 00	Date
			Initial
			<u>6-10-13</u>
			<u>LC</u>

June 5th

e. cs

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. 213-068
Date 5/16/13

(Handwritten mark)

Applicant Name Bill Buchan	Title (if owner, state OWNER) Contractor	Daytime Phone: [REDACTED]
Property Owner SONOCO	Mailing Address, City, State & Zip [REDACTED]	Daytime Phone: Tong
Contractor LP4H	Business Address, City, State & Zip 916 Douglas Longview, WA 98632	Daytime Phone: 360-425-4210
City of Woodland Business License Number 000195.1	Washington State Labor & Industries Number and Expiration Date 095-759-00	
Project Address 1620 Downriver Dr.	Subdivision/Legal Description [REDACTED]	Parcel Number 5-00810200

Type of Facility: Residential Commercial Educational Industrial Institutional _____

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

PLUMBING:	MECHANICAL:
Fixtures (or set) on one trap _____	Furnace up to 100,000 BTU _____
Building or Trailer Park Sewer _____	Furnace over 100,000 BTU _____
Rainwater System Drains (inside) _____	Floor Furnace installation or relocation _____
Private Sewage System _____	Heater (suspended, recessed or floor) _____
Water Heaters and/or Vents _____	Vent not included with appliance _____
Gas Piping Systems of 1 to 5 vents _____	Repair/Alteration/Addition to Appliance _____
Gas Piping Systems over 5 vents _____	Boilers/Compressors to 3hp (heat pump) _____
Industrial Waste Interceptors _____	• from 3 to 15 hp _____
Installations/Alterations/ Repairs of:	• from 15 to 30 hp _____
• Water Piping _____	• from 30 to 50 hp _____ X
• Water Treating Equipment _____	• over 50 hp _____
• Medical Gas Piping _____	Absorption Systems to 100,000 BTU/h _____
Fixtures with drain/vent repairs or alterations _____	from 100,000 to 500,000 BTU/h _____
Lawn Sprinkler System with Backflow Device _____	from 500,000 to 1,000,000 BTU/h _____
Vacuum Breakers not with Sprinkler _____	from 1,000,000 to 1,750,000 BTU/h _____
Backflow Protective Devices to 2" diameter _____	over 1,750,000 BTU/h _____
Backflow Protective Devices over 2" diameter _____	

Describe Project and Specific Use in Detail:

REMOVE 15HP BOILER and REPLACE with NEW 30HP BOILER for Blue COOKER

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PERMIT \$ 94,000⁰⁰

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 5/16/13

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Project Address/Location: 1620 Downriver	<input type="checkbox"/> First Plumbing Permit <input type="checkbox"/> First Mechanical Permit	Permit Type: 36	Flood Zone: PAIB
Permit Approval	Initial	Date	COMMENTS
Mechanical	wh	6-4-13	JUN 06 2013
Plumbing			
Fire/Life Safety			
CITY OF WOODLAND			
FEES DUE	Req'd	Amount	Account
Plumbing Permit			001 322 10 00
Mechanical Permit		156.00	001 322 10 00
Other			
Received By: SR	Date: 6/10/13	Receipt Number: 90995	Total Due: \$ 156.00



One and Two Family Building Permit Application

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

FOR OFFICE USE ONLY
Permit No. 213-064 (e.g.)

E.C.J.

PRINT IN INK OR TYPE
(Separate Mechanical & Plumbing Permits Required)

APPLICANT		Name <u>FORGACS</u>	Phone: [REDACTED]
Mailing Address, City, State, Zip [REDACTED]		Email Address: [REDACTED]	
PROPERTY OWNER		Name <u>Tuscany Homes Chris Creagan</u>	Phone: [REDACTED]
Mailing Address, City, State, Zip [REDACTED]		Email Address: [REDACTED]	
GENERAL CONTRACTOR		Business Name <u>Tuscany Homes</u>	Contact Person <u>Scott Fergus</u>
Mailing Address, City, State, Zip <u>P.O. Box 522 B6 WA 98604</u>		Phone: <u>360 433 1794</u>	
City Business License # <u>000305.2</u>	State Contractors License # <u>TUSCOHL905P7</u>	Email Address: <u>Scott@4years.com</u>	
Property Address <u>198 misty drive</u>		Parcel Number <u>5.04214414</u>	
Fill & Grade/Excavation with this project? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Total Quantity of Earthwork: <u>224</u> CY		Type of Project <input checked="" type="checkbox"/> New <input type="checkbox"/> Add On <input type="checkbox"/> Demolition <input type="checkbox"/> Remodel <input type="checkbox"/> Repair <input type="checkbox"/> Other	
Occupancy (uses): <u>Living 3042</u> <u>garage 814</u> <u>Central Patio 188</u>		No. of Units <u>1</u>	No. of Bedrooms <u>3</u>
		No. of Bathrooms <u>2.5</u>	
		No. of Stories <u>2</u>	Building Height <u>28'</u>
		Total Square Feet <u>3042 + 814 Garage + 188 cov. porch</u>	
Describe Project and Specific Use in Detail: <u>New 2 story home incl. front & rear covered patio.</u>			
TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PROJECT \$ <u>225,000</u> use <u>344,513.32</u> (LW)			
NOTICE: Separate permits and approvals may be required for this project. This permit may expire if work does not commence within 180 days of approval or if work is suspended or abandoned for a period of 180 days. Issuance of a permit does not authorize any work in public right-of-way or on utility easements. The granting of a permit or an approval does not presume to give authority to violate or cancel the provision of any other federal, state or local laws regulating construction, the performance of construction, and/or operation of the project.			
I hereby certify that I have read and examined this application and know the same to be true and correct, and if any of the information provided is erroneous, the permit or approval may be revoked. It is the responsibility of the applicant to arrange for ANY INSPECTIONS for this project.			
Owner's Signature [REDACTED]		Date <u>5/9/13</u>	
Applicant's Signature [REDACTED]		Date [REDACTED]	

(Separate Sheet)

DO NOT WRITE BELOW - FOR OFFICE USE ONLY						
Setbacks: Front:	Side:	Back:	Zone: <u>LDR-6</u>	Permit Type: <u>1</u>	Flood Zone: <u>A</u>	
Approvals	Initial	Date	Comments			
Civil Plans						
Planning Department						
Drainage/Erosion Control						
Fire/Life Safety						
Building						
Fees Due	Amount	Account	Fees Due	Amount	Account	
Building Permit	<u>2365.75</u>	001 322 10 00	Water Assessment	<u>2940.00</u>	421 368 10 10	
Plan Review Pre-payment	<u>600.00</u>	001 322 10 20	Meter Deposit	<u>630.00</u>	401 389 00 00	
Plan Review Balance	<u>937.74</u>	001 322 10 20	Sewer Assessment	<u>4463.00</u>	422 368 10 00	
Surcharge	<u>4.50</u>	001 322 10 00	Sewer Inspection	<u>210.00</u>	402 369 90 10	
Grading/Excavating	<u>—</u>	001 322 10 00	Roadway Access 21'	<u>105.00</u>	104 322 40 00	
Floodplain Mgt.	<u>100.00</u>	001 345 89 00	TOTAL	<u>17,751.99</u>		
School Impact Fees	<u>2750.00</u>	350 345 85 00	Receipt Number	Amount	Date	Initial
Fire Impact Fees	<u>1530.00</u>	351 345 85 00	<u>90484</u>	<u>600.00</u>	<u>5/9/13</u>	<u>SR</u>
Park Impact Fees	<u>1116.00</u>	352 345 85 00	<u>90998</u>	<u>17151.99</u>	<u>6/10/13</u>	<u>SR</u>



One and Two Family Building Permit Application

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

FOR OFFICE USE ONLY
5-21-13
Permit No. 213-079 WV

e. c. j

PRINT IN INK OR TYPE
(Separate Mechanical & Plumbing Permits Required)

APPLICANT		Name: Carl & Katherine Murdock	Phone: [REDACTED]
Mailing Address, City, State Zip		[REDACTED]	
PROPERTY OWNER		Name: Same	Phone: [REDACTED]
Mailing Address, City State, Zip		[REDACTED]	
GENERAL CONTRACTOR		Business Name: First Choice Homes, Inc	Contact Person: Bob Peonio
Mailing Address, City State, Zip		1320 Cloverdale Rd. Kalama, WA 98625	
City Business License # 127.8		State Contractors License # FIR5TCH951F	Phone: 360-673-5484
Property Address		755 Washington St. Woodland, WA	
Fill & Grade/Excavation with this project? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Total Quantity of Earthwork: 4 CY		Type of Project <input type="checkbox"/> New <input checked="" type="checkbox"/> Remodel <input type="checkbox"/> Add On <input type="checkbox"/> Repair <input type="checkbox"/> Demolition <input type="checkbox"/> Other	Parcel Number: 50356001
Occupancy (uses): Bedroom extension, bathroom		No. of Units	No. of Bedrooms
			1
		No. of Stories	Building Height
			Total Square Feet: 124

Describe Project and Specific Use in Detail: Expanding existing bedroom, Adding bathroom and small closet. Total addition is 14' X 16'.

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

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

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

Owner's Signature: [REDACTED] Date: 5/21/13

Applicant's Signature: [REDACTED] Date: 5/21/13

DO NOT WRITE BELOW - FOR OFFICE USE ONLY

Setbacks: Front: Side: Back: Zone: LDR 6 Permit Type: 3 Flood Zone: B

Approvals	Initial	Date	Comments
Civil Plans			
Planning Department			
Drainage/Erosion Control			
Fire/Life Safety			
Building	WV	6-3-13	

Fees Due	Amount	Account	Fees Due	Amount	Account
Building Permit	251.25	001 322 10 00	Water Assessment		421 368 10 10
Plan Review Pre-payment	0	001 322 10 20	Meter Deposit		401 389 00 00
Plan Review Balance	163.31	001 322 10 20	Sewer Assessment		422 368 10 00
Surcharge	4.50	001 322 10 00	Sewer Inspection		402 369 90 10
Grading/Excavating		001 322 10 00	Roadway Access		104 322 40 00
Floodplain Mgt.		001 345 89 00	TOTAL	419.06	
School Impact Fees		350 345 85 00	Receipt Number	Amount	Date
Fire Impact Fees		351 345 85 00	90921	419.06	6-3-13
Park Impact Fees		352 345 85 00			Initial: WV

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. 213-080
 Date 5-21-13 WJW
 E.C.J

Applicant Name <u>Carl & Katherine Murdock</u>		Title (if owner, state OWNER) <u>OWNER</u>	Daytime Phone: [REDACTED]
Property Owner <u>Same</u>		Mailing Address, City, State & Zip <u>[REDACTED] 98174</u>	Daytime Phone: <u>Same</u>
Contractor <u>Owner</u>		Business Address, City, State & Zip	Daytime Phone:
City of Woodland Business License Number <small>REQUIRED</small>		Washington State Labor & Industries Number and Expiration Date <small>REQUIRED</small>	
Project Address <u>755 Washington St. Woodland, WA</u>		Subdivision/Legal Description <small>REQUIRED</small>	Parcel Number <small>REQUIRED</small> <u>5-D 356001</u>
Type of Facility: <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Educational <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/>		Work Type: <input type="checkbox"/> Demolish <input type="checkbox"/> Remodel/Alter <input checked="" type="checkbox"/> Addition <input type="checkbox"/> New <input type="checkbox"/> Move <input type="checkbox"/> Repair <input type="checkbox"/>	

PLUMBING:	MECHANICAL:
Fixtures (or set) on one trap <u>3</u> Building or Trailer Park Sewer Rainwater System Drains (inside) Private Sewage System Water Heaters and/or Vents Gas Piping Systems of 1 to 5 vents Gas Piping Systems over 5 vents Industrial Waste Interceptors Installations/Alterations/ Repairs of: • Water Piping <u>12</u> • Water Treating Equipment • Medical Gas Piping Fixtures with drain/vent repairs or alterations <u>3</u> 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 <u>I</u> Ventilation System (not heat or a/c) .. Hood w/ mechanical exhaust Incinerator, domestic type • commercial or industrial Appliance/Equipment Item (UMC) Fuel-Gas Piping System Outlets Haz. Process Piping System Outlets .. Non-Haz. Proc. Piping System Outlets Commercial Hood Type 1 Dust Collection System Other

Describe Project and Specific Use in Detail: Expanding existing bedroom, adding bathroom and small closet. Total addition is 14'x16'. Bathroom will have standing shower, toilet, and 1 sink.

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PERMIT \$ 850 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] 5/21/13 REQUIRED
 APPLICANT'S SIGNATURE DATE

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Project Address/Location: <u>755 Washington</u>		<input type="checkbox"/> First Plumbing Permit <input type="checkbox"/> First Mechanical Permit	Permit Type: <u>36</u>	Flood Zone: <u>B</u>			
Permit Approval	Initial	Date	COMMENTS				
Mechanical	<u>WV</u>						
Plumbing	<u>WV</u>						
Fire/Life Safety							
FEES DUE	Req'd	Amount	Account	FEES DUE	Req'd	Amount	Account
Plumbing Permit		<u>80.00</u>	001 322 10 00	Other			
Mechanical Permit		<u>44.00</u>	001 322 10 00	Other			
Other				Other			
Received By: <u>DASH</u>	Date: <u>6-3-13</u>	Receipt Number: <u>90922</u>	Total Due \$ <u>124.00</u>				