

RECEIVED Commercial & Multifamily Building Permit Application

Building Department, 230 Davidson Ave., Woodland, WA 98674
 Phone: (360) 225-7299
 PRINT IN INK OR TYPE

FOR OFFICE USE ONLY
 Permit No. 213-147
 Date Received: 8/28/13 att (e)

AUG 28 2013

City of Woodland (Separate Mechanical & Plumbing Permits Required)

APPLICANT		Name: <u>Asha Riley</u>		Phone: [REDACTED]
Mailing Address, City, State Zip		[REDACTED]		Email Address: [REDACTED]
PROPERTY OWNER	Name	<u>Sophia Pearson</u>		Phone: <u>J</u>
Mailing Address, City State, Zip		[REDACTED]		Email Address:
GENERAL CONTRACTOR	Business Name	<u>School District Kelley Wilson</u>		Contact Person
Mailing Address, City State, Zip		<u>2500 45th Ave Vancouver WA</u>		Phone: <u>503-282-1400</u>
City Business License #	State Contractors License #	<u>NA NA</u>		Email: <u>Kelley.Wilson@esd112.org</u>
Property Address		<u>323 Davidson</u>		Parcel Number
Fill & Grade/Excavation with this project?		Type of Project		
Yes [] No [X] Total Quantity of Earthwork: _____ CY		<input type="checkbox"/> New <input type="checkbox"/> Add On <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Remodel <input type="checkbox"/> Repair <input type="checkbox"/> Other _____		
Occupancy (uses):		No. of Units	No. of Bedrooms	No. of Bathrooms
		No. of Stories	Building Height	Total Square Feet

Describe Project and Specific Use in Detail: Bringing facility up to safety standards so we can operate a homestay program there. See attached pgs.

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: 8-28-13
 Applicant's Signature: [REDACTED] Date: _____

DO NOT WRITE BELOW - FOR OFFICE USE ONLY

Setbacks: Front: _____ Side: _____ Back: _____	Zone: <u>C-1 PAID 12</u>	Permit Type: <u>12</u>	Flood Zone: <u>B</u>			
Approvals	Initial	Date	Comments			
Civil Plans			<u>AUG 30 2013</u>			
Planning Department						
Drainage/Erosion Control						
Fire/Life Safety			<u>CITY OF WOODLAND</u>			
Building	<u>WV</u>	<u>8-29-13</u>				
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>72.31</u>	001 322 10 20	Roadway Access		104 322 40 00	
Surcharge	<u>4.50</u>	001 322 10 00	TOTAL	<u>\$188.06</u>		
Grading/Excavating		001 322 10 00	Receipt Number	Amount	Date	Initial
Floodplain Mgt.		001 345 89 00	<u>92127</u>	<u>188.06</u>	<u>8/30/13</u>	<u>SP</u> (P)
School Impact Fees		350 345 85 00				
Transp. Impact Fees		353 345 85 00				

Form Revised 5/2013

Issued issued 8/30/13



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. 213-120
 Date Received: 7/23/13

APPLICANT Name: CITY OF WOODLAND NEW TRADITION HOMES Phone: (909) 225-7299
 Mailing Address, City, State, Zip: PLANNING DEPT Email Address: _____
PROPERTY OWNER Name: HOPE KOISTINEN Phone: _____
 Mailing Address, City, State, Zip: _____ Email Address: _____

GENERAL CONTRACTOR Business Name: NEW TRADITION HOMES Contact Person: JARRET HELMES
 Mailing Address, City, State, Zip: 11815 NE 113TH STREET STE 110 VANCOUVER, WA 98662 Phone: 360-448-4718 DIRECT
 City Business License #: _____ State Contractors License #: CCNEWTRTH903BT Email Address: jarret.helmes@newtraditionhomes.com

Property Address: 311 HILLSHIRE DRIVE WOODLAND, WA 98674 Parcel Number: 502357039

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

<u>NEW SINGLE FAMILY RESIDENCE</u>	<u>2014 SF</u>	No. of Units: <u>1</u>	No. of Bedrooms: <u>3</u>	No. of Bathrooms: <u>2</u>
<u>Detached Garage</u>	<u>780 SF</u>	No. of Stories: <u>1</u>	Building Height: <u>20'</u>	Total Square Feet: <u>2014</u>

Describe Project and Specific Use in Detail:
NEW SFR + Garage
\$237,407.74 (Wh)

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PROJECT \$130,910
 NOTICE: Separate permits and approvals may be required for this project. This permit may expire if work does not commence within 180 days of approval or if work is suspended or abandoned for a period of 180 days. Issuance of a permit does not authorize any work in public right-of-way or on utility easements. The granting of a permit or an approval does not presume to give authority to violate or cancel the provision of any other federal, state or local laws regulating construction, the performance of construction, and/or operation of the project.
 I hereby certify that I have read and examined this application and know the same to be true and correct, and if any of the information provided is erroneous, the permit or approval may be revoked. **It is the responsibility of the applicant to arrange for ANY INSPECTIONS for this project.**

Owner's Signature: _____ Date: 7/23/13
 Applicant's Signature: _____ Date: _____

DO NOT WRITE BELOW - FOR OFFICE USE ONLY
 Setbacks: Front: 25 Side: 5 Back: 15 Zone: LSR Permit Type: 1 Flood Zone: A-15

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>1766.55</u>	<u>001 322 10 00</u>	Water Assessment	<u>2940.00</u>	<u>421 368 10 10</u>	
Plan Review Pre-payment	<u>000.00</u>	<u>001 322 10 20</u>	Meter Deposit	<u>630.00</u>	<u>401 389 00 00</u>	
Plan Review Balance	<u>548.26</u>	<u>001 322 10 20</u>	Sewer Assessment	<u>4463.00</u>	<u>422 368 10 00</u>	
Surcharge	<u>4.50</u>	<u>001 322 10 00</u>	Sewer Inspection	<u>210.00</u>	<u>402 369 90 10</u>	
Grading/Excavating		<u>001 322 10 00</u>	Roadway Access <u>22x5</u>	<u>110.00</u>	<u>104 322 40 00</u>	
Floodplain Mgt.	<u>100.00</u>	<u>001 345 89 00</u>	TOTAL Balance	<u>16,168.31</u>		
School Impact Fees	<u>2750.00</u>	<u>350 345 85 00</u>	Receipt Number	Amount	Date	
Fire Impact Fees	<u>1530.00</u>	<u>351 345 85 00</u>	<u>91679</u>	<u>1000.00</u>	<u>7/23/13</u>	
Park Impact Fees	<u>1116.00</u>	<u>352 345 85 00</u>	<u>92115</u>	<u>11168.31</u>	<u>8/29/13</u>	
Transp. Impact Fees	<u>0</u>	<u>353 345 85 00</u>				

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

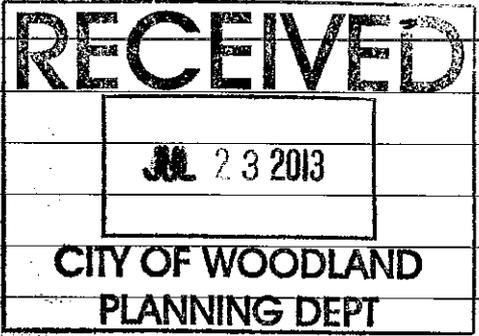
FOR OFFICE USE ONLY
 Permit No. 013-121
 Date 7/23/13 

Applicant Name <u>New Tradition Homes Inc</u>		Title (if owner, state OWNER)	Daytime Phone: <u>360-254-9225</u>
Property Owner <u>Hope Karlstinen</u>		Mailing Address, City, State & Zip	Daytime Phone:
Contractor <u>New Tradition Homes Inc</u>		Business Address, City, State & Zip <u>11815 NE 113th St, Suite 110</u>	Daytime Phone: <u>360-254-9225</u>
City of Woodland Business License Number <small>REQUIRED</small>		Washington State Labor & Industries Number and Expiration Date <small>REQUIRED</small>	
Project Address <u>311 Hillshire Dr.</u>		Subdivision/Legal Description <small>REQUIRED</small> <u>Hillshire Manor lot 39-40</u>	Parcel Number <small>REQUIRED</small> <u>5-</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>94</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>1</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 _____	• 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>5</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 <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 SFR Plumbing + Mechanical.

*Issued 8/29/13



TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PERMIT \$ 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 7/23/13

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Project Address/Location: <u>311 Hillshire</u>		<input type="checkbox"/> First Plumbing Permit	Permit Type: <u>36</u>	Flood Zone: <u>A-15</u>
		<input type="checkbox"/> First Mechanical Permit		
Permit Approval	Initial	Date	COMMENTS	
Mechanical				
Plumbing			<u>AUG 29 2013</u>	
Fire/Life Safety				
FEES DUE	Req'd	Amount	Account	FEES DUE CITY OF WOODLAND
Plumbing Permit		<u>169</u>	001 322 10 00	Req'd Amount
Mechanical Permit		<u>160</u>	001 322 10 00	Account
Other				
Received By: <u>GR</u>	Date <u>8/29/13</u>	Receipt Number <u>92116</u>	Total Due \$ <u>329</u> 	



RECEIVED

JUL 24 2013

One and Two Family Building Permit Application

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

Phone: (360) 225-7299

PRINT IN INK OR TYPE

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

FOR OFFICE USE ONLY

Permit No. 213-122

Date Received: 7/24/13

APPLICANT: TRAVIS KLEIN, Phone: [redacted], Mailing Address, City, State Zip [redacted], Email Address:

PROPERTY OWNER: ANDY LOUD, Name, Phone: [redacted], Mailing Address, City State Zip [redacted], Email Address:

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

Property Address: 2215 LEWIS RIVER RD, Parcel Number, Fill & Grade/Excavation with this project? Yes [] No [] Total Quantity of Earthwork: CY, Type of Project: [] New [X] Add On [] Demolition, [X] Remodel [X] Repair [] Other, Occupancy (uses): RESIDENCE, No. of Units, No. of Bedrooms: 3, No. of Bathrooms: 3, No. of Stories: 2, Building Height, Total Square Feet: 3200

Describe Project and Specific Use in Detail: ADD DETACHED GARAGE & NEW ENTRY, NEW COVERED WRAP AROUND PORCH - REMOVE EXIST. WINDOW & REPLACE W/NEW REPLACE DRYWALL & NEW INSULATION & NEW SIDING

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PROJECT \$ 110,000

Notice: Separate permit 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 does not presume to give authority to take 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], Applicant's Signature [redacted]

Date: 7/24/13

DO NOT WRITE BELOW - FOR OFFICE USE ONLY

Setbacks: Front: Side: Back: Zone: Permit Type: B-2 Flood Zone: A-1S

Table with columns: Approvals, Initial, Date, Comments. Rows: Civil Plans, Planning Department, Drainage/Erosion Control, Fire/Life Safety, Building (initials: WW, date: 8-19-13)

Table with columns: Fee/Charge, Amount, Account, Fee Due, Amount, Account, Receipt Number, Amount, Date, Initial. Rows: Building Permit (1049.75), Plan Review Pre-payment (600.00), Plan Review Balance (82.34), Surcharge, Grading/Excavating, Floodplain Mgt., School Impact Fees, Fire Impact Fees, Park Impact Fees, Transp. Impact Fees, Water Assessment (421 368 10 10), Meter Deposit (401 389 00 00), Sewer Assessment (422 368 10 00), Sewer Inspection (402 369 90 10), Roadway Access (104 322 40 00), TOTAL Balance Due 1132.09, Receipt Number 911688, Amount 1600.00, Date 7/24/13, Initial MKR, Receipt Number 92009, Amount 1132.09, Date 8/24/13, Initial SR

issued 8/21/13

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. 213-119 att
 Date 7/19/2013

Applicant Name <u>ANDREW LOUD</u> <small>REQUIRED</small>	Title (if owner, state OWNER) <u>OWNER</u>	Daytime Phone: [REDACTED]
Property Owner <u>SAME</u> <small>REQUIRED</small>	Mailing Address, City, State & Zip [REDACTED]	Daytime Phone:
Contractor <u>OWNER</u> <small>REQUIRED</small>	Business Address, City, State & Zip	Daytime Phone:
City of Woodland Business License Number <u>OWNER</u> <small>REQUIRED</small>	Washington State Labor & Industries Number and Expiration Date <u>OWNER</u> <small>REQUIRED</small>	
Project Address <u>2215 LEWIS RIVER RD</u> <small>REQUIRED</small>	Subdivision/Legal Description <u>UNDIVIDED</u> <small>REQUIRED</small>	Parcel Number <u>5-</u> <small>REQUIRED</small>
Type of Facility: <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Educational <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional	Work Type: <input type="checkbox"/> Demolish <input type="checkbox"/> New <input checked="" type="checkbox"/> Remodel/Alter <input type="checkbox"/> Move	<input type="checkbox"/> Addition <input checked="" type="checkbox"/> Repair

PLUMBING:	MECHANICAL:
Fixtures (or set) on one trap <u>11</u> Building or Trailer Park Sewer Rainwater System Drains (inside) Private Sewage System Water Heaters and/or Vents <u>1</u> Gas Piping Systems of 1 to 5 vents <u>1</u> Gas Piping Systems over 5 vents Industrial Waste Interceptors Installations/Alterations/ Repairs of: • Water Piping <u>1</u> • Water Treating Equipment • Medical Gas Piping Fixtures with drain/vent repairs or alterations <u>RE</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 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:

RE PLUMB 100+ YEAR OLD HOUSE PAID

5-SINK, 3 TUBETS, 1-TUBE, 2-SHOWER AUG 21 2013

* issued 8/21/13 CITY OF WOODLAND



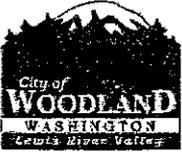
TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PERMIT \$ # 2350.00

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.

7-19-13
 APPLICANT'S SIGNATURE DATE

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Project Address/Location: <u>2215 Lewis River Rd</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							
Plumbing	<u>wh</u>	<u>7-19-13</u>					
Fire/Life Safety							
FEES DUE	Req'd	Amount	Account	FEES DUE	Req'd	Amount	Account
Plumbing Permit		<u>235.00</u>	001 322 10 00	Other			
Mechanical Permit			001 322 10 00	Other			
Other				Other			
Received By: <u>SR</u>	Date: <u>8/21/13</u>	Receipt Number: <u>92010</u>	Total Due \$ <u>235.00</u>				



One and Two Family Building Permit Application

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

PRINT IN INK OR TYPE

(Separate Mechanical & Plumbing Permits Required)

FOR OFFICE USE ONLY

Permit No. 213-138 **(e)**

Date Received: 8/15/13

APPLICANT		Name: <u>Gail M. Erickson</u>	Phone: [REDACTED]
Mailing Address, City, State Zip		[REDACTED]	Email Address: [REDACTED]
PROPERTY OWNER		Name: <u>Gail M. Erickson</u>	Phone: [REDACTED]
Mailing Address, City State, Zip		[REDACTED]	Email Address: [REDACTED]
GENERAL CONTRACTOR		Business Name: <u>N/A Self</u>	Contact Person: <u>Chuck</u>
Mailing Address, City State, Zip		[REDACTED]	Phone: [REDACTED]
City Business License #		State Contractors License #	Email Address:
Property Address		Parcel Number	
<u>1871 Springwood Woodland, WA 98674</u>			
Fill & Grade/Excavation with this project?		Type of Project	
Yes [] No [X] Total Quantity of Earthwork: <u>CY</u>		[] New [] Add On [] Demolition [X] Remodel [] Repair [] Other	
Occupancy (uses):		No. of Units	No. of Bedrooms
		<u>1</u>	<u>3</u>
		No. of Stories	No. of Bathrooms
		<u>1</u>	<u>2</u>
		Building Height	Total Square Feet
		<u>14' 0"</u>	<u>1,375</u>
Describe Project and Specific Use in Detail: <u>REMOVE AND REPLACE 2 EXISTING DECKS</u>			
TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PROJECT: \$ <u>5,000⁰⁰</u>			
<p>NOTICE: Separate permits and approvals may be required for this project. This permit may expire if work does not commence within 180 days of approval or if work is suspended or abandoned for a period of 180 days. Issuance of a permit does not authorize any work in public right-of-way or on utility easements. The granting of a permit or an approval does not presume to give authority to violate or cancel the provision of any other federal, state or local laws regulating construction, the performance of construction, and/or operation of the project.</p> <p>I hereby certify that I have read and examined this application and know the same to be true and correct, and if any of the information provided is erroneous, the permit or approval may be revoked. It is the responsibility of the applicant to arrange for ANY INSPECTIONS for this project.</p>			
Owner's Signature: [REDACTED]		Date: <u>8/15/2013</u>	
Applicant's Signature: [REDACTED]		Date: <u>8/15/2013</u>	
DO NOT WRITE BELOW - FOR OFFICE USE ONLY			
Setbacks: Front: <u>OK</u>	Side:	Back:	Permit Type: <u>F-15</u>
Zone:	Flood Zone:		<u>4-15</u>
Approvals	Initial	Date	Comments
Civil Plans			
Planning Department			
Drainage/Erosion Control			
Fire/Life Safety			
Building	<u>WW</u>	<u>8-20-13</u>	
Fees Due	Amount	Account	Fees Due
Building Permit	<u>111.25</u>	001 322 10 00	Water Assessment
Plan Review Pre-payment	<u>0</u>	001 322 10 20	Meter Deposit
Plan Review Balance	<u>72.31</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>188.06</u>
Fire Impact Fees		351 345 85 00	Receipt Number
Park Impact Fees		352 345 85 00	Amount
Transp. Impact Fees		353 345 85 00	Date
			Initial
			<u>SR</u> (P)

1871 Springwood 8/20/13

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

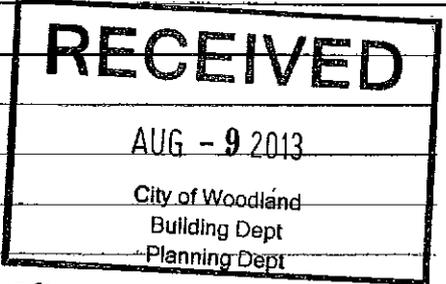
FOR OFFICE USE ONLY
 Permit No: 213-132
 Date: 8/9/13 115 (e)

Applicant Name Advanced Air Systems	Title (if owner, state OWNER)	Daytime Phone:
Property Owner Ross + Stacy Martin	Mailing Address, City, State & Zip	Daytime Phone:
Contractor applicant	Business Address, City, State & Zip PO BOX 61569, 98066	Daytime Phone: 360 693 1757
City of Woodland Business License Number	Washington State Labor & Industries Number and Expiration Date ADNANAS033BA	8/20/13
Project Address 303 Hillshire Drive	Subdivision/Legal Description	Parcel Number 5-

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

Describe Project and Specific Use in Detail:
Add 2.5 ton heat pump + coil
Equipment must be installed as high
as garage floor
 AUG 19 2013



TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PERMIT \$ 4,500.00

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.
 _____ SIGNED _____ DATE 8/8/13 REQUIRED

DO NOT WRITE BELOW THIS LINE FOR OFFICE USE ONLY

Project Address/Location: 303 Hillshire Dr.	<input type="checkbox"/> First Plumbing Permit <input type="checkbox"/> First Mechanical Permit	Permit Type: 36	Flood Zone: A-15
Permit Approval	Initial	Date	COMMENTS
Mechanical	lw	8-15-13	
Plumbing			
Fire/Life Safety			
FEES DUE	Req'd	Amount	Account
Plumbing Permit			001 322 10 00
Mechanical Permit			001 322 10 00
Other			Other
Received By: SR	Date: 8/19/13	Receipt Number: 91990	Total Due: \$ 90.00 (P)

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. 213-139
 Date 8-15-13

Applicant Name <u>AAA Air Supply Atg + Clg</u>	Title (if owner, state OWNER) <u>(owner)</u>	Daytime Phone [REDACTED]
Property Owner <u>Norman + Sherry Mackay</u>	Mailing Address, City, State & Zip [REDACTED]	Daytime Phone [REDACTED]
Contractor <u>AAA Air Supply</u>	Business Address, City, State & Zip <u>7405 NE 94th Ave, Vancouver</u>	Daytime Phone: <u>(360) 260-9199</u>
City of Woodland Business License Number <u>000010.8</u>	Washington State Labor & Industries Number and Expiration Date <u>AAA-A-ISH971B9</u>	
Project Address <u>340 Cedar Ave, Woodland</u>	Subdivision/Legal Description	Parcel Number <u>5-</u>

Type of Facility: Residential Commercial Educational
 Industrial Institutional _____

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

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

Describe Project and Specific Use in Detail:
Replace existing Heat Pump and Evaporator
Cond. (like to like). Equip. MUST be installed above
Base Flood level.

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PERMIT \$ \$3700.00

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]

DATE 8/1/13

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Project Address/Location: _____

First Plumbing Permit Permit Type: 36 Flood Zone: A-15
 First Mechanical Permit

Permit Approval	Initial	Date	COMMENTS
Mechanical	<u>wh</u>	<u>8.0.00</u>	<u>no flood cert. on website</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>80.00</u>	001 322 10 00	Other			
Other				Other			
Received By: <u>JR</u>	Date: <u>8/16/13</u>	Receipt Number: <u>91992</u>	Total Due \$ <u>80.00</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. 213-137
 Date 8/13/13 ats @

Applicant Name <u>Dominic Susi</u>	Title (if owner, state OWNER) <u>Contractor</u>	Daytime Phone: [REDACTED]
Property Owner <u>Bob/Vannette Kanna</u>	Mailing Address, City, State & Zip [REDACTED]	Daytime Phone: [REDACTED]
Contractor <u>NW Ventilation</u>	Business Address, City, State & Zip <u>PO Box 456 Camas WA 98607</u>	Daytime Phone: <u>360 834 6067</u>
City of Woodland Business License Number <u>W100127</u>	Washington State Labor & Industries Number and Expiration Date <u>NWVENVL939QL 12/7/13</u>	REQUIRED
Project Address <u>175 Hansen Ln Woodland</u>	Subdivision/Legal Description <u>MECHANICAL</u>	Parcel Number <u>5-0459</u>
Type of Facility: <input type="checkbox"/> Residential <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Educational <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/>	Work Type: <input type="checkbox"/> Demolish <input type="checkbox"/> Remodel/Alter <input type="checkbox"/> Addition <input type="checkbox"/> New <input type="checkbox"/> Move <input type="checkbox"/> Repair <input type="checkbox"/>	

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

Describe Project and Specific Use in Detail:
Add 3.5 ton air handler + 3.5 ton heat pump
& return ducts

RECEIVED
 AUG 13 2013
 City of Woodland
 Building Dept
 Planning Dept

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PERMIT \$ 7900.00

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] 8/13/13
 APPLICANT'S SIGNATURE DATE

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Project Address/Location: <u>175 Hansen Ln</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>WS</u>	<u>8.14.13</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>100.00</u>	001 322 10 00	Other			
Other				Other			
Received By: <u>SR</u>	Date: <u>8/16/13</u>	Receipt Number <u>91976</u>	Total Due \$ <u>100.00</u>				



Commercial & Multifamily Building Permits 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. <u>213-131</u>	Date Received: <u>8-7-13</u>

APPLICANT		Name	Geopier Northwest	Phone:	[REDACTED]
Mailing Address, City, State Zip		[REDACTED]		Email Address:	[REDACTED]
PROPERTY OWNER		Name	x Lilac Place Limited Liability Partnership	Phone:	X [REDACTED]
Mailing Address, City, State, Zip		[REDACTED]		Email Address:	X [REDACTED]
GENERAL CONTRACTOR		Business Name	x TEAM Construction Residential, LLC	Contact Person	x Bob Walz
Mailing Address, City, State, Zip		x 4201 NE 66th Ave Suite 105, Vancouver, WA 98661		Phone:	x 360-699-1477
City Business License #		6001332-Geopier		State Contractors License #	6660011193526-Geopier
Property Address		x 1309 Glenwood St., Woodland, WA 98674		Email:	x bwalz@teamconstruction.com
Fill & Grade/Excavation with this project?		Yes [] No [] Total Quantity of Earthwork: CY		Type of Project	[] New [] Add On [] Demolition [] Remodel [] Repair [] Other
Occupancy (uses):		No. of Units	No. of Bedrooms	No. of Bathrooms	
		No. of Stories	Building Height	Total Square Feet	

Describe Project and Specific Use in Detail: Install 650 geopiers. **PAID**

AUG 08 2013

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PROJECT \$ 289,000.00

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

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

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

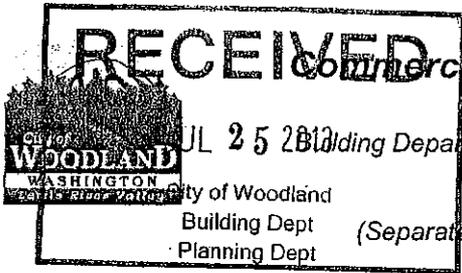
Owner's Signature: _____ Date: _____
 Applicant's Signature: [Signature] Date: 8-7-13

DO NOT WRITE BELOW - FOR OFFICE USE ONLY

Setbacks: Front: _____ Side: _____ Back: _____ Zone: _____ Permit Type: _____ Flood Zone: _____

Approvals	Initial	Date	Comments
Civil Plans			
Planning Department			
Drainage/Erosion Control			
Fire/Life Safety			
Building	<u>lw</u>	<u>8-8-13</u>	

Fees Due	Amount	Account	Fees Due	Amount	Account
Building Permit <u>sh. 016</u>	<u>330.00</u>	001 322 10 00	Fire Impact Fees		351 345 85 00
Plan Review Pre-payment		001 322 10 20	Park Impact Fees		352 345 85 00
Plan Review Balance		001 322 10 20	Roadway Access		104 322 40 00
Surcharge		001 322 10 00	TOTAL	\$ 330.00	
Grading/Excavating		001 322 10 00	Receipt Number	Amount	Date
Floodplain Mgt.		001 345 89 00	<u>91920</u>	<u>330.00</u>	<u>8 Aug 2013</u>
School Impact Fees		350 345 85 00			<u>[Signature]</u>
Transp. Impact Fees		353 345 85 00			<u>[Signature]</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. 213-124

Date Received: 7-25-13

APPLICANT Name: <u>Geopier Northwest</u>		Phone: [REDACTED]
Mailing Address, City, State, Zip: [REDACTED]		Email Address: [REDACTED]
PROPERTY OWNER Name: <u>O'Reilly Automotive Stores INC.</u>		Phone: [REDACTED]
Mailing Address, City, State, Zip: [REDACTED]		Email Address: [REDACTED]
GENERAL CONTRACTOR Business Name: <u>Yorke & Curtis</u>		Contact Person: <u>Tom Lisch</u>
Mailing Address, City, State, Zip: <u>4180 SW 101st Ave Beaverton OR 97005</u>		Phone: <u>971-404-8454</u>
City Business License #: <u>0003302 Geopier</u>		State Contractors License #: <u>CC6EOPINT9552C - Geopier</u>
Property Address: <u>1493 Dike Access Rd</u>		Parcel Number: <u>5-07870106</u>
Fill & Grade/Excavation with this project? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Total Quantity of Earthwork: <u>CY</u>		
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):		
No. of Units	No. of Bedrooms	No. of Bathrooms
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
No. of Stories	Building Height	Total Square Feet
<u>1</u>	<u>19'-10"</u>	<u>7,760 sq ft</u>

Describe Project and Specific Use in Detail: Install ~~261~~ 261 geopiers.

TOTAL FAIR MARKET VALUE OF WORK TO BE DONE UNDER THIS PROJECT \$ 133,000

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

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

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

Owner's Signature: [REDACTED] Date: 7/24/13

Applicant's Signature: [REDACTED] Date: 7/24/13

DO NOT WRITE BELOW - FOR OFFICE USE ONLY

Setbacks: Front: [REDACTED] Side: [REDACTED] Back: [REDACTED] Zone: C-2 Permit Type: 39 Flood Zone: D

Approvals	Initial	Date	Comments
Civil Plans			
Planning Department			
Drainage/Erosion Control			
Fire/Life Safety			
Building	<u>WL</u>	<u>8-7-13</u>	

Fees Due	Amount	Account	Fees Due	Amount	Account
Building Permit <u>3066</u>	<u>198.00</u>	001 322 10 00	Fire Impact Fees		351 345 85 00
Plan Review Pre-payment		001 322 10 20	Park Impact Fees		352 345 85 00
Plan Review Balance		001 322 10 20	Roadway Access		104 322 40 00
Surcharge		001 322 10 00	TOTAL	\$198	
Grading/Excavating		001 322 10 00	Receipt Number	Amount	Date
Floodplain Mgt.		001 345 89 00	<u>91921</u>	<u>198.00</u>	<u>8/8/13</u>
School Impact Fees		350 345 85 00			<u>MG</u>
Transp. Impact Fees		353 345 85 00			

(P)