

City of Anacortes
904 6th Street
P.O.Box 547
Anacortes, WA 98221-0547

0625504-1 0004 09/12/2006 002 4
Permit Fees 006715 \$109.00

Permit #: BLD-2006-0638
Issue date: 09/12/2006
Expire date: 09/12/2007

Job Address: 1019 3RD ST
ANACORTES WA 98221-1503

Permit Type: Reroof Single Family Residence
Project:

APN: P55044

Remarks: Reroof over existing with smooth surface torchdown.

Owner: DANIEL PARIS

Contractor:

Address: 1019 3RD ST

Address:

ANACORTES WA 98221-1503

Phone: (360) 299-2735

Phone:

License #:

General Information:

Building Valuation 13500

Fees:

Building Permit Fee 104.50

State Building Code Fee 4.50

Total Calculated: 109.00

Deposits/Receipts: 0.00

Total Due: 109.00

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED. I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT, THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

SIGNATURE OF OWNER OR AUTHORIZED AGENT

By mail Michelle Deaton
ISSUED BY

CITY OF ANACORTES BUILDING PERMIT APPLICATION

SITE ADDRESS: 1019 3rd St ASSESSOR NO.: P-55044

LOT: _____ BLOCK: _____ DIV: _____ ADDITION: _____

OWNER	LENDER	CONTRACTOR
<u>Name:</u> <u>Dan Paris</u>	<u>Name:</u> 	<u>Name:</u> <u>ESAY Roofing & Siding</u>
<u>Mailing Address:</u> <u>1019 3rd St</u>	<u>Mailing Address:</u> 	<u>Mailing Address:</u> <u>420 PEARL Rd</u>
<u>City: State: Zip:</u> <u>Anacortes WA 98221</u>	<u>City: State: Zip:</u> 	<u>City: State: Zip:</u> <u>Burlington WA 98253</u>
<u>Phone No.:</u> <u>360 299-2735</u>	<u>Phone No.:</u> 	<u>Phone No.:</u> <u>360 757-0933</u> <u>Contractor License:</u> <u>ESAYXRS175LE</u>

Contact Person: Patte Phone No.: 360 757-0933

OCCUPANT USE	
(Check One)	
Single Family: _____	Multi-Family: _____ Apartment: _____ Condominium: _____ Senior Housing: _____
Retail: _____ Office: _____ Restaurant: _____ Manufacturing: _____ Storage: _____ Bank: _____	
Assembly: _____ Accessory: _____ Automotive Repair: _____ Other (Specify): _____	

DESCRIBE OF WORK: ReRoof over existing with smooth surface touchdown

GENERAL INFORMATION																										
Street Setback: _____ ft.	2nd Floor: _____ sf.	<div style="text-align: center;">(Circle Y or N)</div> <table style="width: 100%;"> <tr><td>Shoreline/Wetlands</td><td style="text-align: center;">Y</td><td style="text-align: center;">N</td></tr> <tr><td>Water on/Adj. to Property</td><td style="text-align: center;">Y</td><td style="text-align: center;">N</td></tr> <tr><td>Soils Report</td><td style="text-align: center;">Y</td><td style="text-align: center;">N</td></tr> <tr><td>Sensitive Area</td><td style="text-align: center;">Y</td><td style="text-align: center;">N</td></tr> <tr><td>Latecomers Agreement</td><td style="text-align: center;">Y</td><td style="text-align: center;">N</td></tr> <tr><td>Fire Hydrant (250 FT)</td><td style="text-align: center;">Y</td><td style="text-align: center;">N</td></tr> <tr><td>Variance</td><td style="text-align: center;">Y</td><td style="text-align: center;">N</td></tr> <tr><td>Covenant</td><td style="text-align: center;">Y</td><td style="text-align: center;">N</td></tr> </table>	Shoreline/Wetlands	Y	N	Water on/Adj. to Property	Y	N	Soils Report	Y	N	Sensitive Area	Y	N	Latecomers Agreement	Y	N	Fire Hydrant (250 FT)	Y	N	Variance	Y	N	Covenant	Y	N
Shoreline/Wetlands	Y		N																							
Water on/Adj. to Property	Y		N																							
Soils Report	Y		N																							
Sensitive Area	Y		N																							
Latecomers Agreement	Y		N																							
Fire Hydrant (250 FT)	Y		N																							
Variance	Y		N																							
Covenant	Y		N																							
1st Side Setback: _____ ft.	3rd Floor: _____ sf.																									
2nd Side Setback: _____ ft.	Basement: _____ sf.																									
Rear Setback: _____ ft.	Occ. Group: _____																									
Use Zone: _____	Carport Area: _____ sf.																									
Type of Construction: _____	Garage Area: _____ sf.																									
Lot Area: _____ sf.	No. of Stories: _____ sf.																									
No. of Dwellings: _____	Building Height: _____ sf.																									
Lot Coverage: _____	Deck Area: _____ sf.																									
1st Floor: _____ sf.																										

Project Valuation (Labor and Material Cost): 13,500.00

THIS APPLICATION IS RECEIVED BY THE BUILDING OFFICIAL UNDER THE PROVISIONS OF THE UNIFORM BUILDING CODE, AND SHALL EXPIRE BY LIMITATION AND BECOME NULL AND VOID IF PERMIT IS NOT OBTAINED WITHIN 180 DAYS OF THIS APPLICATION. BY AFFIXING MY SIGNATURE I HEREBY CERTIFY THAT I AM THE LEGAL OWNER OF THE PROPERTY FOR WHICH THIS APPLICATION IS ISSUED OR AN AUTHORIZED AGENT OF THE OWNER. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT, INCLUDING CALLS FOR INSPECTIONS.

SIGNATURE: Patte Morris DATE: 8-25-14



City of Anacortes
 904 6th Street
 P.O.Box 547
 Anacortes, WA 98221-0547
 (360) 293-1901

Permit #: BLD-2004-9932
Issue date: 08/20/2004
Expire date: 08/20/2005

Job Address: 1019 3RD ST
 ANACORTES WA 98221

Permit Type: Single Family Alteration/Repair Permit
Project:

APN: P55044

Remarks: Construct interior toilet room per sketch submitted, attached code excerpts and comments.

Owner: DAN PARIS
Address: 1019 3RD ST
 ANACORTES WA 98221
Phone: (360) 299-2735

Contractor:
Address:
Phone:
License #:

General Information:

Building Valuation 3000
 # of Water Closets 1
 # of Urinals 1

Fees:

Building Permit Fee 38.50
 Plan Review Fee 25.03
 State Building Code Fee 4.50
 Plumbing Permit Fee 34.00

Total Calculated: 102.03
 Deposits/Receipts: 0.00
 Total Due: 102.03

Permit #: 1019 3RD STREET
 Fee Amount: \$102.03
 Receipt Total = \$102.03

 Payment Data:
 Payer: DAN PARIS
 Method: CASH
 Amount = \$102.03

 Receipt Summary

 Total Tendered = \$102.03
 Receipt Total = \$102.03

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED. I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT, THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

SIGNATURE OF OWNER OR AUTHORIZED AGENT

ISSUED BY _____



City of Anacortes
 904 6th Street
 P.O.Box 547
 Anacortes, WA 98221-0547
 (360) 293-1901

Permit #: BLD-2004-9808
Issue date: 07/12/2004
Expire date: 07/12/2005

Job Address: 1019 3RD ST
 ANACORTES WA 98221

Permit Type: Commercial Repair/Alter Permit
Project:

APN: P55044

Remarks: Replace siding on the north, west and south sides of the building Apply new sheathing, building paper and wood siding per building dept report.

Owner: PARIS DANIEL

Contractor: OWNER

Address: 1019 3RD ST
 ANACORTES WA 98221

Address:

Phone: (253) 740-1815

Phone:

License #:

General Information:

Building Valuation 10000

Fees:

Building Permit Fee 146.25
State Building Code Fee 4.50
Plan Review Fee 95.06

Total Calculated: 245.81
Deposits/Receipts: 0.00

Total Due: 245.81

 Receipt Summary

 Total Tendered = \$246.00
 Receipt Total = \$245.81

 Receipt Total = \$245.81

 Payment Data:
 Pmt# : 1
 Payer: DANIEL PARIS
 Method: CASH
 Ref#: CASH
 Amount = \$246.00

 Fee Amount: \$245.81

 Accounting Date: Mon, Jul 12, 2004 10:26 AM
 Date/Time: Mon, Jul 12, 2004 10:26 AM

 8000/PERMIT FEES
 Ref#: 1019 3RD ST

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SIGNATURE OF OWNER OR AUTHORIZED AGENT

ISSUED BY

July 8, 2004

Flounder Bay Lumber
1019 3rd Street

Proposal to reside the north, west and south walls with relocation of some windows.

Using the 2003 International Building Code.

Building Footprint: 6,000 s.f. main portion
1,800 s.f. covered storage area to the east.

Mixed use:

F-1, wood working	4,875 s.f.
M, Retail, office	1,125 s.f.
S-1, Storage loft	1,125 s.f., convert to B, education adult
S-1, Storage annex	1,800 s.f.

Required Fire Barriers

M/B	2 hour	1.5-hour opening protection
M/E	2 hour	1.5-hour opening protection
M/F-1	3 hour	3-hour opening protection
F-1/S-1	3 hour	3-hour opening protection
E/F-1	3 hour	3-hour opening protection

Existing Construction: Type VB

Required Construction per local amendment Type VA

F-1 allowable area type VA Construction 14,000 s.f. and 2 stories

Exterior walls, Tables 601, 602

Bearing: 2 hour less than 5 feet
1 hour less than 10 feet
Non-bearing: 1 hour less than 30 feet
Exterior walls greater than 5 feet from property line need fire protection on inside only. 704.5

Openings: South Wall. Unprotected openings are permitted up to 10 percent of the wall area. The north and west wall do not require protected openings.

903.2.3.1 requires fire sprinklers for F-1 woodworking

Second floor

Change existing storage area to a music teaching area for any age. Occupant load:
 $1125/20 = 56$, A second exit is required.

BUILDING PERMIT

CITY OF ANACORTES
 P.O. BOX 547
 ANACORTES, WA 98221
 (360)293-1901

PERMIT NO.: BLD2002-00196
 APPLIED: 6/11/02
 ISSUED: 6/11/02
 EXPIRES: 6/11/03

SITE ADDRESS: **1019 3RD**
 ASSESSOR'S PARCEL NO.: **3772-032-010-0001**
 PROJECT DESCRIPTION: **Repair shop building exterior wall.**

OWNER ERICA PICKETT 1019 3RD STREET Primary Phone: Phone 1:	CONTRACTOR Primary Phone: Phone 1: License #:
--	---

TYPE OF WORK: ALT TYPE OF USE: COM CENSUS CATEGORY: ZONING: ? Occupancy Groups 1: 2: 3: 4: Construction Types 1: 5N 2: 3: 4:	AREA <hr/> LOT: sf 1ST FLR: sf 2ND FLR: sf BASEMENT: sf GAR/CARPORT: sf OTHER: sf NUMBER OF UNITS: STORIES: BUILDING HEIGHT:	VALUE: \$ 750.00 REQUIRED SETBACKS: <hr/> FRONT: ft SIDE 1: ft SIDE 2: ft REAR: ft REQUIRED PARKING
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FEES				
Type	By	Date	Receipt	Amount
PRMT	MRD	6/11/02		\$26.25
STBC	MRD	6/11/02		\$4.50
			Total:	\$30.75

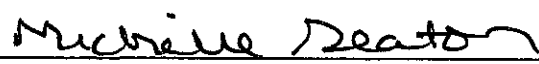
 Reg #/Receipt: 004-5000196 I NO J
 Accounting Date: Tue, Jun 11, 2002
 Date/Time: Tue, Jun 11, 2002 9:12 AM

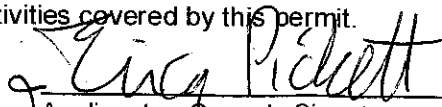
 100/BUILDING PERMIT FEES
 Ref#: BLD2002-00196 Fee Amount: \$26.25
 3042/1000 STATE BUILDING CODE FEES
 Ref#: Fee Amount: \$4.50

 Receipt Total = \$30.75
 Payment Data:
 Path: 11
 Payor: ERICA PICKETT
 Method: CK
 Ref#: 10937
 Amount = \$30.75

 Receipt Summary
 Total Entered \$30.75
 Receipt Total \$30.75
 Change Due \$0.00

I hereby acknowledge that I have read this permit and state that the above information is correct, and agree to comply with all ordinances and state and federal laws regulating activities covered by this permit.


 Issued by


 Applicant or Owner's Signature

CONDITIONS OF APPROVAL:

24 Hour Notice Required For All Inspections

BUILDING PERMIT

CITY OF ANACORTES
 P.O. BOX 547
 ANACORTES, WA 98221
 (206) 293-1901

PERMIT NO.: BLD96-0034
 APPLIED: 01/26/96
 ISSUED: 01/30/96
 EXPIRES: 01/30/97

SITE ADDRESS: 1019 3RD ST
 ASSESSOR'S PARCEL NO.: 1019 3RD

PROJECT DESCRIPTION: Enclose existing covered area approx 1300 square feet.

OWNER FLOUNDER BAY BOAT YARD 1019 3RD ANACORTES WA 98221 293-2369	CONTRACTOR	LENDER
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TYPE OF WORK.....:REP	AREA (sf)-----	VALU...\$: 20000
TYPE OF USE.....:COM	LOT.....: 0	REQUIRED SETBACKS----
CENSUS CATEGORY.....:999	1ST FLR.....: 0	FRONT.....: 0 ft
ZONING-----	2ND FLR.....: 0	SIDE.....: 0 ft
:CBD :	BASEMENT.....: 0	REAR.....: 0 ft
OCCUPANCY GROUP-----	GAR/CARPORT...: 0	REQUIRED PARKING--
:? :? :? :? :	OTHER.....: 0	TOTAL.....: 0
TYPE OF CONSTRUCTION-----	NUMBER OF UNITS....: 0	HANDICAPPED: 0
:5N :? :? :? :	STORIES.....: 0	COMPACT.....: 0
OCCUPANT LOAD-----	BUILDING HEIGHT.: 0 ft	IMPRV SURF.: 0 sf
: 0: 0: 0: 0: 0:		

FEES	NOTES
Code Amount---- By- Date---- Receipt	
PLCK \$ 134.55 MD 01/30/96 4945	
PRMT \$ 207.00 MD 01/30/96 4945	
STBC \$ 4.50 MD 01/30/96 4945	
TOTAL \$ 346.05	

I hereby acknowledge that I have read this permit and state that the above information is correct, and agree to comply with all ordinances and laws regulating activities covered by this permit.


 Issued by


 Applicant or Owner's Signature

24 Hour Notice Required For All Inspections

MECHANICAL PERMIT

CITY OF ANACORTES
 P.O. BOX 547
 ANACORTES, WA 98221
 (206) 293-1901

PERMIT NO.: MEC93-0099
 APPLIED: 04/26/93
 ISSUED: 04/26/93
 EXPIRES: 04/26/94

SITE ADDRESS: 1019 3RD ST
 ASSESSOR'S PARCEL NO.: 1019 3RD

PROJECT DESCRIPTION:
Vacuum exhaust system for shavings

OWNER FLOUNDER BAY BOAT YARD 1019 3RD STREET ANACORTES WA 98221 293-2369	CONTRACTOR
--	------------

TYPE OF WORK...:ADD TYPE OF USE....:COM FUEL TYPES----- :? : FURN < 100K BTU: 0 FURN >=100K BTU: 0 FURN - FLOOR...: 0 UNIT HEATERS...: 0 VENT FANS.....: 0 VENT SYSTEMS...: 0 VENT W/O APPLI.: 0	BOILERS/COMPRESSORS- 0-3 HP.....: 0 3-15 HP.....: 1 15-30 HP.....: 0 30-50 HP.....: 0 50+ HP.....: 0 AIR HANDLING UNITS-- <= 10000 cfm.: 0 > 10000 cfm.: 0 EVAP COOLERS...: 0 HOODS.....: 0	DOMES. INCIN.....: 0 COMML. INCIN.....: 0 RELOC/REPAIR...: 0 CLOTHES DRYERS.: 0 GAS WTR HEATERS: 0 STOVE, APPLI...: 0 FIRE LOG/LITE...: 0 WOODSTOVES.....: 0 OTHER UNITS.....: 0 GAS OUTLETS.....: 0
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<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">FEEs</th> <th style="text-align: left;">Code</th> <th style="text-align: left;">Amount</th> <th style="text-align: left;">By-</th> <th style="text-align: left;">Date</th> <th style="text-align: left;">Receipt</th> </tr> <tr> <td></td> <td>PRMT \$</td> <td>31.50</td> <td>MD</td> <td>04/26/93</td> <td>1116</td> </tr> <tr> <td colspan="2">TOTAL \$</td> <td>31.50</td> <td colspan="3"></td> </tr> </table>	FEEs	Code	Amount	By-	Date	Receipt		PRMT \$	31.50	MD	04/26/93	1116	TOTAL \$		31.50				NOTES <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
FEEs	Code	Amount	By-	Date	Receipt														
	PRMT \$	31.50	MD	04/26/93	1116														
TOTAL \$		31.50																	

I hereby acknowledge that I have read this permit and state that the above information is correct, and agree to comply with all ordinances and laws regulating activities covered by this permit.

Michelle Deaton
 Issued by

Willy Stark
 Applicant or Owner's Signature

24 Hour Notice Required For All Inspections

FOR INSPECTIONS CALL:
293-1901

CITY OF ANACORTES
BUILDING PERMIT

PERMIT NO 9835

24 Hrs. Notice Requested

Site Address 1019 3rd Street

OWNER	NAME (OR NAME OF BUSINESS) Flounder Bay Lumber		PLUMBING		
	MAILING ADDRESS 1019 3rd Street		No.	TYPE OF FIXTURE OR ITEM	FEE
	CITY Anacortes, WA 98221	TELEPHONE NUMBER 293-2369		Water Closet	\$
ARCHITECT	NAME			Bathtub	
	ADDRESS			Lavatory	
	CITY	TELEPHONE NUMBER		Shower	
CONTRACTOR	NAME			Kitchen Sink	
	ADDRESS			Dishwasher	
	CITY	TELEPHONE NUMBER		Laundry Tray	
	STATE LICENSE NUMBER	CITY LICENSE NUMBER		Clothes Washer	
				Water Heater	
<input type="checkbox"/> Residential <input checked="" type="checkbox"/> Non-Residential <input type="checkbox"/> New <input type="checkbox"/> Add <input type="checkbox"/> Alter <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Building <input type="checkbox"/> Plumbing <input checked="" type="checkbox"/> Mechanical <input type="checkbox"/> Sign <input type="checkbox"/> Demolition <input type="checkbox"/> Other			Urinal		
Legal Description of Property or Tax Account Number Lot 8-10 Block 32 of Original Plat 3772-032-010			Drinking Fountain		
Describe Work Install Dust Collection System			Floor Sink or Drain		
Occupancy Use <input type="checkbox"/> Single Family Residence <input type="checkbox"/> Multi-Family Residence <input type="checkbox"/> Office <input type="checkbox"/> Retail <input type="checkbox"/> Storage <input type="checkbox"/> Church <input type="checkbox"/> Restaurant <input type="checkbox"/> Other			Slop Sink		
<p style="text-align:center;">NOTICE</p> <p>This permit is issued by the Building Official and, under the provisions of the Uniform Building Code, shall expire by limitation and become null and void if the building or work authorized by such permit is not commenced within 180 days from the date of permit issuance, or if the building or work authorized by such permit is suspended or abandoned at any time after the work is commenced for a period of 180 days.</p> <p>By affixing my signature, I hereby certify that I am the owner of the property for which this permit is issued or am an authorized representative of the owner.</p> <p>All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not, including routine calls for inspections.</p>			Water Piping		
			PERMIT	\$	
			TOTAL FEE	\$	
		MECHANICAL			
		<input type="checkbox"/> GAS <input type="checkbox"/> OIL <input type="checkbox"/> ELECT. <input type="checkbox"/> OTHER			
		No.	TYPE OF EQUIPMENT	FEE	
			Air Cond. Unit	\$	
			Refrigeration Unit —	HP	
			Boiler —	HP	
			Forced Air System —	BTU/KW	
	Floor Furnace				
	Wall Heater				
	Unit Heater				
	Clothes Dryer				
	Ventilation Fan				
	Range Hood				
	Air Handling Unit —	CFM			
	Pre-manufactured Stove or Fireplace				
	Gas Piping				
	1 Dust Collection System	6.50			
	PERMIT	\$ 15.00			
	TOTAL FEE	\$ 21.50			
TOTAL FEES		VALUATION	FEE		
		Building	\$		
		Plan Check	0.00		
		Plumbing			
		Mechanical	21.50		
		Sign			
		Demolition			
		Energy Surcharge			
		State Surcharge			
		Other			
		TOTAL \$	21.50		
Conditions:					
Street Setback	Side Yard Setback	Rear Yard Setback			
Use Zone	Occupancy Group	Type of Const.			
Lot Area	Vacant Site <input type="checkbox"/> Yes <input type="checkbox"/> No	Dwelling Units			
Fire Sprinklers Required <input type="checkbox"/> Yes <input type="checkbox"/> No	No. of Stories	Bedrooms	Occupant Load		
Size of Bldg.	Plans Checked By:				
<p style="text-align:center;">WHEN SIGNED AND DATED BELOW, THIS IS YOUR PERMIT</p> <p>Permission is hereby given to do the above described work, according to the conditions hereon and according to the approved plans and specifications pertaining thereto, subject to compliance with the ordinances of the CITY OF ANACORTES.</p>					
Permit Issued By <i>Michelle Grace</i>		06/17/92			
Building Official		(Date)			
Edwin Frank					

PERMIT NO 9835

FOR INSPECTIONS CALL:
293-1901
24 Hrs. Notice Requested

CITY OF ANACORTES
BUILDING PERMIT

PERMIT

Site Address 1019 3rd

OWNER	NAME (OR NAME OF BUSINESS) Flounder Bay Boat Lumber	
	MAILING ADDRESS 1019 3rd	
ARCHITECT	CITY Anacortes, WA 98221	TELEPHONE NUMBER 293-
	NAME	
CONTRACTOR	ADDRESS P.O. Box 294	
	CITY Anacortes, WA 98221	TELEPHONE NUMBER 293-9559
STATE LICENSE NUMBER		CITY LICENSE NUMBER

PLUMBING		
No.	TYPE OF FIXTURE OR ITEM	FEE
	Water Closet	\$
	Bathub	
	Lavatory	
	Shower	
	Kitchen Sink	
	Dishwasher	
	Laundry Tray	
	Clothes Washer	
	Water Heater	
	Urinal	
	Drinking Fountain	
	Floor Sink or Drain	
	Slop Sink	
	Water Piping	
PERMIT		\$
TOTAL FEE		\$

Residential Non-Residential

New Add Alter Repair

Building Plumbing Mechanical

Sign Demolition Other

MECHANICAL		
No.	TYPE OF EQUIPMENT	FEE
	Air Cond. Unit	\$
	Refrigeration Unit —	HP
	Boiler —	HP
	Forced Air System —	BTU/KW
	Floor Furnace	
	Wall Heater	
	Unit Heater	
	Clothes Dryer	
	Ventilation Fan	
	Range Hood	
	Air Handling Unit —	CFM
	Pre-manufactured Stove or Fireplace	
	Gas Piping	
PERMIT		\$ 15.00
TOTAL FEE		\$ 16.00

Legal Description of Property or Tax Account Number
Lot _____ Block _____ of _____

Describe Work
New Sprinkler system in addition

Occupancy Use

Single Family Residence Multi-Family Residence

Office Retail Storage Church

Restaurant Other Storage of Wood products

NOTICE

This permit is issued by the Building Official and, under the provisions of the Uniform Building Code, shall expire by limitation and become null and void if the building or work authorized by such permit is not commenced within 180 days from the date of permit issuance, or if the building or work authorized by such permit is suspended or abandoned at any time after the work is commenced for a period of 180 days.

By affixing my signature, I hereby certify that I am the owner of the property for which this permit is issued or am an authorized representative of the owner.

All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not, including routine calls for inspections.

[Signature] 10-29-91
Signature of Owner or Authorized Agent (Date)

Street Setback	Side Yard Setback	Rear Yard Setback
Use Zone	Occupancy Group	Type of Const.
Lot Area	Vacant Site <input type="checkbox"/> Yes <input type="checkbox"/> No	Dwelling Units
Fire Sprinklers Required <input type="checkbox"/> Yes <input type="checkbox"/> No	No. of Stories Bedrooms	Occupant Load
Size of Bldg.	Plans Checked By:	

MECHANICAL		
<input type="checkbox"/> GAS <input type="checkbox"/> OIL <input type="checkbox"/> ELECT. <input type="checkbox"/> OTHER		
No.	TYPE OF EQUIPMENT	FEE
	Air Cond. Unit	\$
	Refrigeration Unit —	HP
	Boiler —	HP
	Forced Air System —	BTU/KW
	Floor Furnace	
	Wall Heater	
	Unit Heater	
	Clothes Dryer	
	Ventilation Fan	
	Range Hood	
	Air Handling Unit —	CFM
	Pre-manufactured Stove or Fireplace	
	Gas Piping	
PERMIT		\$ 15.00
TOTAL FEE		\$ 16.00

TOTAL FEES	VALUATION	FEE
Building	2,461.00	\$ 54.00
Plan Check		35.00
Plumbing		
Mechanical		15.00
Sign		
Demolition		
Energy Surcharge		
State Surcharge		4.50
Other		
TOTAL \$		108.50

Conditions:

WHEN SIGNED AND DATED BELOW, THIS IS YOUR PERMIT

Permission is hereby given to do the above described work, according to the conditions hereon and according to the approved plans and specifications pertaining thereto, subject to compliance with the ordinances of the CITY OF ANACORTES.

Permit Issued By *[Signature]* 10/29/91
Building Official (Date)
Edwin Frank

PERMIT

9261

FOR INSPECTIONS CALL:

CITY OF ANACORTES

PERMIT NO 8344

293-1901

BUILDING PERMIT

24 Hrs. Notice Requested

Site Address 1019-3rd Street

OWNER	NAME (OR NAME OF BUSINESS) Flounder Bay Boat and Lumber		PLUMBING																																			
	MAILING ADDRESS 1019-3rd Street																																					
ARCHITECT	CITY Anacortes, WA 98221	TELEPHONE NUMBER 293-2869	No.	TYPE OF FIXTURE OR ITEM	FEE																																	
	NAME			Water Closet	\$																																	
CONTRACTOR	ADDRESS			Bathub																																		
	CITY	TELEPHONE NUMBER		Lavatory																																		
	NAME Owner			Shower																																		
	ADDRESS			Kitchen Sink																																		
CITY		TELEPHONE NUMBER		Dishwasher																																		
STATE LICENSE NUMBER		CITY LICENSE NUMBER		Laundry Tray																																		
<input type="checkbox"/> Residential <input checked="" type="checkbox"/> Non-Residential <input type="checkbox"/> New <input checked="" type="checkbox"/> Add <input type="checkbox"/> Alter <input type="checkbox"/> Repair <input checked="" type="checkbox"/> Building <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Sign <input type="checkbox"/> Demolition <input type="checkbox"/> Other				Water Heater																																		
Legal Description of Property or Tax Account Number Lot 8 Block 32 of Original Plat of Anacortes 3772-32-010-0001				Urinal																																		
Describe Work Construct lumber storage shed along the east side of the existing building.				Drinking Fountain																																		
Occupancy Use <input type="checkbox"/> Single Family Residence <input type="checkbox"/> Multi-Family Residence <input type="checkbox"/> Office <input type="checkbox"/> Retail <input checked="" type="checkbox"/> Storage <input type="checkbox"/> Church <input type="checkbox"/> Restaurant <input type="checkbox"/> Other				Floor Sink or Drain																																		
NOTICE This permit is issued by the Building Official and, under the provisions of the Uniform Building Code, shall expire by limitation and become null and void if the building or work authorized by such permit is not commenced within 180 days from the date of permit issuance, or if the building or work authorized by such permit is suspended or abandoned at any time after the work is commenced for a period of 180 days. By affixing my signature, I hereby certify that I am the owner of the property for which this permit is issued or am an authorized representative of the owner. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not, including routine calls for inspections.				Slop Sink																																		
Signature of Owner or Authorized Agent: <i>Robert C. [Signature]</i> 11/1/90 (Date)				Water Piping																																		
Street Setback 14'2" Side Yard Setback Rear Yard Setback 11'				PERMIT \$ TOTAL FEE \$																																		
Use Zone CBD Occupancy Group B-2 Type of Const. VN				MECHANICAL <input type="checkbox"/> GAS <input type="checkbox"/> OIL <input type="checkbox"/> ELECT. <input type="checkbox"/> OTHER																																		
Lot Area 18,000 Vacant Site <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				No.	TYPE OF EQUIPMENT																																	
Fire Sprinklers Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No No. of Stories 1 Bedrooms Occupant Load					Air Cond. Unit \$																																	
Size of Bldg. ADD 2610 Plans Checked By: EF					Refrigeration Unit — HP																																	
WHEN SIGNED AND DATED BELOW, THIS IS YOUR PERMIT Permission is hereby given to do the above described work, according to the conditions hereon and according to the approved plans and specifications pertaining thereto, subject to compliance with the ordinances of the CITY OF ANACORTES.					Boiler — HP																																	
Permit Issued By: <i>[Signature]</i> 11/01/90 Building Official (Date)					Forced Air System — BTU/KW																																	
Edwin Frank					Floor Furnace																																	
					Wall Heater																																	
					Unit Heater																																	
					Clothes Dryer																																	
					Ventilation Fan																																	
					Range Hood																																	
					Air Handling Unit — CFM																																	
					Pre-manufactured Stove or Fireplace																																	
					Gas Piping																																	
					PERMIT \$ TOTAL FEE \$																																	
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PERMIT NO 8344



CITY OF ANACORTES

BLDG. PLUMBING MECHANICAL

510N PERMIT N° 6545

Telephone 293-1901
Anacortes, WA

Date *11 OCT* 19 *88*

PERMISSION IS HEREBY GRANTED TO:

OWNER *FLUMMER Bay Dept number*

STREET ADDRESS *1014-3RD*

Location where work is to be done

CONTRACTOR *Owner / H-316MS*

TO ERECT INSTALL OR REPAIR

IN THE FOLLOWING MANNER: *72 SQ. FT / Section*
NORTH WALL AND 100 SQ. FT. of SIGN ON
WEST WALL of Building PER SIGN SUBMITTED

PERMIT EXPIRES ONE YEAR FROM DATE ISSUED

PLANS FOR CONSTRUCTION WERE NOT SUBMITTED
WERE

WORK TO BE DONE BY OWNER CONTRACTOR

RECEIPT OF FEES IS ACKNOWLEDGED AS FOLLOWS:

TYPE	APPROXIMATE VALUE OF WORK	PERMIT FEES
State Building Code Surcharge		
State Energy Study Surcharge		
Building		
Plumbing and W.S.		
Mechanical		
Plan Check Fee		
<i>Sign</i>	<i>300 00</i>	<i>10 00</i>
TOTAL	<i>300 00</i>	<i>10 00</i>

LEGAL DESCRIPTION *Lots 8-970 Blk 32*
ORIGINAL TR

E. J. [Signature]
CITY INSPECTOR