



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

0430904-1 0007 11/04/2004 002 4
 Permit Fees 006133 \$37.00

Permit #: BLD-2004-0166
Issue date: 11/04/2004
Expire date: 11/04/2005

Job Address: 2308 12TH ST
 ANACORTES WA 98221

Permit Type: Reroof Single Family Residence
Project:

APN: P56371

Remarks: Reroof over existing roofing iwth 40 year laminated composition.

Owner: MAHONEY LESLIE A

Contractor: ESARY ROOFING & SIDING CO INC

Address: 2308 12TH ST
 ANACORTES WA 98221

Address: 420 PEASE RD
 BURLINGTON WA 98233

Phone:

Phone: (360) 757-0933

License #: ESARY*RS175KE

General Information:

Building Valuation 1900

Fees:

Building Permit Fee	32.50
State Building Code Fee	4.50
Total Calculated:	37.00
Deposits/Receipts:	0.00
Total Due:	<u>37.00</u>

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: 2308 12th St ASSESSOR NO.: P 56371

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

OWNER	LENDER	CONTRACTOR
<u>Name:</u> <u>Leslie Mahoney</u>	<u>Name:</u> 	<u>Name:</u> <u>ESAY Roofing & Siding</u>
<u>Mailing Address:</u> <u>1348 Mentone St</u>	<u>Mailing Address:</u> 	<u>Mailing Address:</u> <u>420 Pease Rd</u>
<u>City:</u> <u>State:</u> <u>Zip:</u> <u>Guver Beach Ca 93433</u>	<u>City:</u> <u>State:</u> <u>Zip:</u> 	<u>City:</u> <u>State:</u> <u>Zip:</u> <u>Burlington WA 98233</u>
<u>Phone No.:</u> 	<u>Phone No.:</u> 	<u>Phone No.:</u> <u>360 757-0933</u> <u>Contractor License:</u> <u>ESAY#RS175KE</u>

Contact Person: _____ Phone No.: _____

OCCUPANT USE					
(Check One)					
Single Family: <input checked="" type="checkbox"/>	Multi-Family: _____	Apartment: _____	Condominium: _____	Senior Housing: _____	
Retail: _____	Office: _____	Restaurant: _____	Manufacturing: _____	Storage: _____	Bank: _____
Assembly: _____	Accessory: _____	Automotive Repair: _____	Other (Specify): _____		

DESCRIBE OF WORK: Re-roof over existing Roofing with 40yr laminated composition

GENERAL INFORMATION		
Street Setback: _____ ft.	2nd Floor: _____ sf.	(Circle Y or 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): 1,900.00

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: Falle Morris DATE: 11-2-04

MECHANICAL PERMIT

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

PERMIT NO.: MEC95-0046
 APPLIED: 05/23/95
 ISSUED: 05/26/95
 EXPIRES: 05/26/96

SITE ADDRESS: 2308 12TH
 ASSESSOR'S PARCEL NO.: 3772-238-017-0007

PROJECT DESCRIPTION: New gas furnace and piping

OWNER LESLIE MAHONEY 2308 12TH STREET ANACORTES WA 98221 299-0337	CONTRACTOR ANACORTES REGRIGATION ANACORTES WA 293-3339 ANACOR066BS
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TYPE OF WORK...:ADD	BOILERS/COMPRESSORS-	DOMES. INCIN.....:0
TYPE OF USE....:RES	0-3 HP.....: 0	COMML. INCIN.....:0
	3-15 HP.....: 0	RELOC/REPAIR....: 0
FUEL TYPES-----	15-30 HP.....: 0	CLOTHES DRYERS.: 0
:/GAS/ / /:	30-50 HP.....: 0	GAS WTR HEATERS: 0
FURN < 100K BTU: 1	50+ HP.....: 0	STOVE, APPLI....: 0
FURN >=100K BTU: 0	AIR HANDLING UNITS--	FIRE LOG/LITE...: 0
FURN - FLOOR....: 0	<= 10000 cfm.: 0	WOODSTOVES.....: 0
UNIT HEATERS....: 0	> 10000 cfm.: 0	OTHER UNITS.....: 0
VENT FANS.....: 0	EVAP COOLERS....: 0	GAS OUTLETS.....: 1
VENT SYSTEMS....: 0	HOODS.....: 0	
VENT W/O APPLI.: 0		

<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">FEE</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>\$ 27.00</td> <td>MD</td> <td>05/26/95</td> <td>3889</td> </tr> <tr> <td colspan="2">TOTAL \$</td> <td>27.00</td> <td colspan="3"></td> </tr> </table>	FEE	Code	Amount	By-	Date	Receipt		PRMT	\$ 27.00	MD	05/26/95	3889	TOTAL \$		27.00				NOTES <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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TOTAL \$		27.00																	

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 laws regulating activities covered by this permit.

 Issued by

 Applicant or Owner's Signature

24 Hour Notice Required For All Inspections