



Engineering and Development Services  
PO Box 547, Anacortes, WA 98221  
Telephone 360.293.1920  
Fax 360.293.1938  
E-mail [engineering@cityofanacortes.org](mailto:engineering@cityofanacortes.org)

## RIGHT-OF-WAY PERMIT APPLICATION

Submit this application with payment at least five days before the work starts. Please complete both sides of this form. (City completes shaded sections.)

**SITE LOCATION:** 1110 17th St.

**PERMIT NUMBER:** ROW-2009-0002

### OWNER INFORMATION

Name BRUCE FAIRBANKS  
Address 1110 17th St.  
City ANACORTES  
State WA Zip 98221  
Telephone 293-1311

### CONTRACTOR INFORMATION

Name PEEL CONCRETE  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
License Number \_\_\_\_\_

### PROJECT INFORMATION

Work Includes (check all that apply)

- |                                     |                                |                                |                                |                                  |   |
|-------------------------------------|--------------------------------|--------------------------------|--------------------------------|----------------------------------|---|
| <input type="checkbox"/> Curb Cut   | <input type="checkbox"/> Water | <input type="checkbox"/> Sewer | <input type="checkbox"/> Storm | <input type="checkbox"/> Gas     | <input type="checkbox"/> Sidewalk                   |
| <input type="checkbox"/> Street Cut | <input type="checkbox"/> Phone | <input type="checkbox"/> Power | <input type="checkbox"/> Cable | <input type="checkbox"/> Culvert | <input checked="" type="checkbox"/> <u>Driveway</u> |

Describe Work: REPLACE 2'-0" STRIPS W/ SOLID APRON @  
EXISTING CURB CUT 6" THICK PUMP

WILL PROVIDE NECESSARY TRAFFIC CONTROL

### PERMIT TYPE

- Curb Cut \$50     Street Cut \$50     Inside Traveled Way \$50     Outside Traveled Way \$20

**SPECIAL REQUIREMENTS:** Call 1.800.424.6556 two business days before you dig.

Work within the City Right-of-Way is permitted by approval of the City Engineer. All work in the right-of-way must be bonded. The applicant and owner must use warning signs, traffic control, and barricades as necessary to ensure public safety in the work area. The applicant and owner must restore the right-of-way to previous condition. The applicant and owner are liable for damage to public and private property.

[Signature] 1/20/09  
City Application Approval Signature      Date

[Signature] 1/20/09  
Applicant Signature      Date

# SITE DRAWING

1. Show north arrow
2. Label streets
3. Draw plan

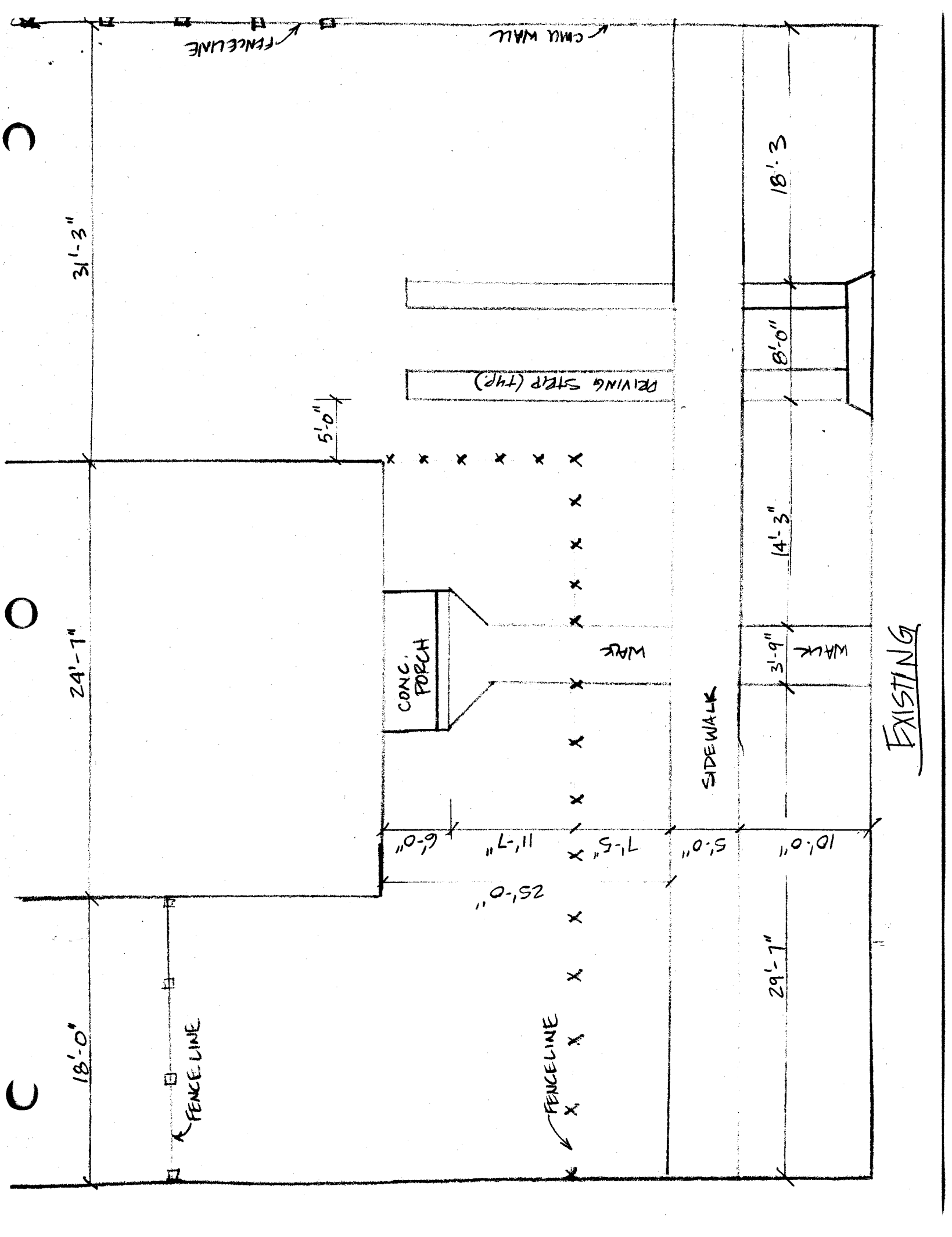
(SEE ATTACHED)

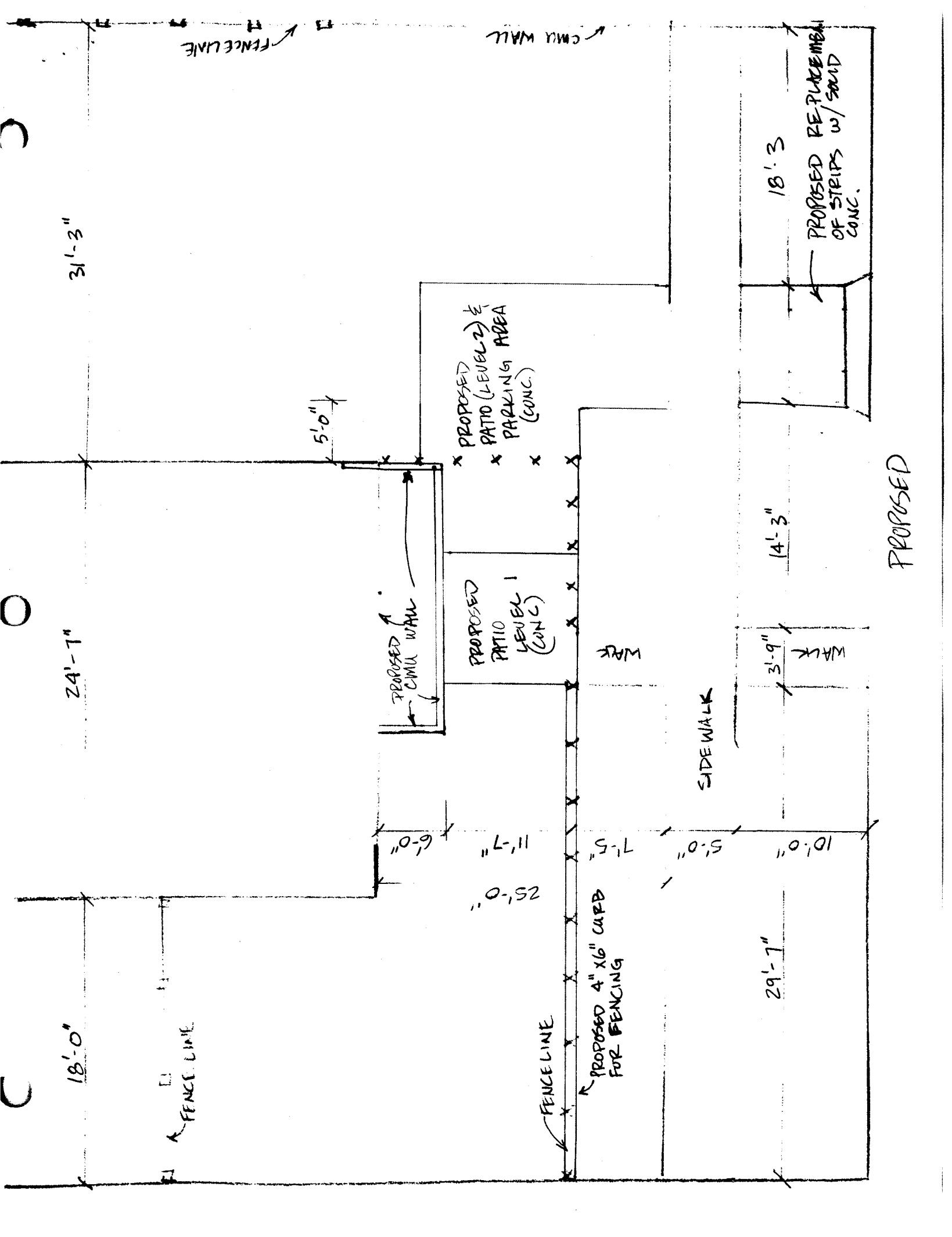
**CONSTRUCTION INSPECTED AND APPROVED**

City of Anacortes Inspector

Date

Permit Number





# COMBINATION PERMIT

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

PERMIT NO.: COM95-0006  
 APPLIED: 01/18/95  
 ISSUED: 01/18/95  
 EXPIRES: 01/18/96

SITE ADDRESS: 1110 17TH ST  
 ASSESSOR'S PARCEL NO.: 3772-052-017-0002

PROJECT DESCRIPTION: Interior remodel.

OWNER JEFF SCHILTZ 2032 M AVENUE ANACORTES WA 98221	CONTRACTOR M.L. WOLD CONSTRUCTION 319 ILLINOIS ANACORTES WA 98221  293-8560 MLWOLC*077BR	LENDER
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TYPE OF WORK.....:ADD	AREA (sf)-----	VALU...\$: 15000
TYPE OF USE.....:SF	LOT.....: 0	REQUIRED SETBACKS----
CENSUS CATEGORY.....:434	1ST FLR.....: 0	FRONT.....: 0 ft
ZONING-----	2ND FLR.....: 0	SIDE(1)...: 0 ft
:? :	BASEMENT.....: 0	SIDE(2)...: 0 ft
OCCUPANCY GROUP-----	GAR/CARPORT...: 0	REAR.....: 0 ft
:R3 :? :? :? :	OTHER.....: 0	REQUIRED PARKING--
TYPE OF CONSTRUCTION----		TOTAL.....: 0
:5N :? :? :? :	NUMBER OF UNITS....: 0	ACCESSIBLE.: 0
OCCUPANT LOAD-----	STORIES.....: 0	COMPACT....: 0
: 0: 0: 0: 0:	BUILDING HEIGHT.: 0 ft	IMPRV SURF.: 0 sf

FEES				
Code	Amount	By-	Date	Receipt
PRMT \$	110.50	MD	01/18/95	3413
PPLM \$	83.00	MD	01/18/95	3413
STBC \$	4.50	MD	01/18/95	3413
TOTAL \$ 198.00				

FUEL TYPES-----	BOILERS/COMPRESSORS-	DOMES. INCIN.....:0
:? :	0-3 HP.....: 0	COMML. INCIN.....:0
FURN < 100K BTU: 0	3-15 HP.....: 0	RELOC/REPAIR...: 0
FURN >=100K BTU: 0	15-30 HP.....: 0	CLOTHES DRYERS.: 0
FURN - FLOOR...: 0	30-50 HP.....: 0	GAS WTR HEATERS: 0
UNIT HEATERS...: 0	50+ HP.....: 0	STOVE, APPLI...: 0
VENT FANS.....: 0	AIR HANDLING UNITS--	FIRE LOG/LITE...: 0
VENT SYSTEMS...: 0	<= 10000 cfm.: 0	WOODSTOVES.....: 0
VENT W/O APPLI.: 0	> 10000 cfm.: 0	OTHER UNITS....: 0
	EVAP COOLERS...: 0	GAS OUTLETS....: 0
	HOODS.....: 0	

NOTES

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WATER CLOSETS...: 2	WASHING MACHINES: 1	FLOOR DRAINS...: 0
BATH TUBS.....: 0	ELEC WTR HEATERS: 0	WTR PIPING/TREAT: 0
SHOWERS.....: 2	LAUNDRY TRAYS...: 0	HOSE BIBBS.....: 0
DISHWASHERS...: 1	URINALS.....: 0	GREASE TRAPS...: 0
LAVATORIES...: 2	WASTE INTERCEPT.: 0	ADD'L FIXTURES..: 0
KIT SINKS W/DISP: 1	DRINKING FOUNT...: 0	

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.

  
 Applicant or Owner's Signature

Issued by \_\_\_\_\_

**24 Hour Notice Required For All Inspections**

# BUILDING PERMIT

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

PERMIT NO.: **BLD94-0473**  
 APPLIED: **11/22/94**  
 ISSUED: **11/22/94**  
 EXPIRES: **11/22/95**

SITE ADDRESS: **1110 17TH ST**  
 ASSESSOR'S PARCEL NO.: **3772-052-017-0002**

PROJECT DESCRIPTION: **Replace Beams.**

OWNER DWINAL SMITH 1110 17TH STREET ANACORTES WA 98221  293-6003	CONTRACTOR R.A CONLEY 1847 S. BURLINGTON BLVD. BURLINGTON WA 98233  428-7107 RAONSR099LP	LENDER
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TYPE OF WORK.....: <b>ADD</b>	AREA (sf)-----	VALU...\$: <b>2200</b>
TYPE OF USE.....: <b>SF</b>	LOT.....: <b>0</b>	REQUIRED SETBACKS----
CENSUS CATEGORY.....: <b>434</b>	1ST FLR.....: <b>0</b>	FRONT.....: <b>0 ft</b>
ZONING-----	2ND FLR.....: <b>0</b>	SIDE.....: <b>0 ft</b>
:? :	BASEMENT.....: <b>0</b>	REAR.....: <b>0 ft</b>
OCCUPANCY GROUP-----	GAR/CARPORT...: <b>0</b>	REQUIRED PARKING--
: <b>R3</b> :? :? :? :	OTHER.....: <b>0</b>	TOTAL.....: <b>0</b>
TYPE OF CONSTRUCTION-----	NUMBER OF UNITS.....: <b>0</b>	HANDICAPPED: <b>0</b>
: <b>5N</b> :? :? :? :	STORIES.....: <b>0</b>	COMPACT.....: <b>0</b>
OCCUPANT LOAD-----	BUILDING HEIGHT.: <b>0 ft</b>	IMPRV SURF.: <b>0 sf</b>
: <b>0</b> : <b>0</b> : <b>0</b> : <b>0</b> : <b>0</b> :		

<table style="width: 100%;"> <tr> <th colspan="4">FEES</th> </tr> <tr> <th>Code</th> <th>Amount----</th> <th>By- Date----</th> <th>Receipt</th> </tr> <tr> <td>PRMT</td> <td>\$ 38.50</td> <td>MD 11/22/94</td> <td>3257</td> </tr> <tr> <td>STBC</td> <td>\$ 4.50</td> <td>MD 11/22/94</td> <td>3257</td> </tr> <tr> <td colspan="2"><b>TOTAL \$ 43.00</b></td> <td colspan="2"></td> </tr> </table>	FEES				Code	Amount----	By- Date----	Receipt	PRMT	\$ 38.50	MD 11/22/94	3257	STBC	\$ 4.50	MD 11/22/94	3257	<b>TOTAL \$ 43.00</b>				NOTES <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
FEES																					
Code	Amount----	By- Date----	Receipt																		
PRMT	\$ 38.50	MD 11/22/94	3257																		
STBC	\$ 4.50	MD 11/22/94	3257																		
<b>TOTAL \$ 43.00</b>																					

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

R.A. Conley  
 Applicant or Owner's Signature

**24 Hour Notice Required For All Inspections**



CITY OF ANACORTES

BLDG.  PLUMBING  MECHANICAL

PERMIT N° 6747

Telephone 293-1901  
Anacortes, WA

Date 2-16 1989

PERMISSION IS HEREBY GRANTED TO:

OWNER Duermal Smith

STREET ADDRESS 1410-177<sup>th</sup> ST

*Location where work is to be done*

CONTRACTOR Larson Heating

TO ERECT  INSTALL  OR REPAIR

IN THE FOLLOWING MANNER: gas space heater  
+ gas piping

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		24.50
Plan Check Fee		
TOTAL		24.50

LEGAL DESCRIPTION Acct # 3772-052-017-0002  
LOT 17, A110 F 15 & 16 LESS E 17' BLOCK 52  
ORIGINAL

Ray Hansen  
CITY INSPECTOR

# BUILDING PERMIT

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

PERMIT NO.: **BLD93-0083**  
 APPLIED: **03/25/93**  
 ISSUED: **03/25/93**  
 EXPIRES: **03/25/94**

SITE ADDRESS: **1110 17TH ST**  
 ASSESSOR'S PARCEL NO.: **3772-052-017-0002**

PROJECT DESCRIPTION: **Tear off and install plywood SG25 comp roof system Class A, add vents**

OWNER DWINAL SMITH 1110 17TH STREET ANACORTES WA 98221  293-6003	CONTRACTOR SAVAGE ROOFING, INC 911 31ST STREET P. O. BOX 336 ANACORTES WA 98221 293-2021 SAVAGR1114PO	LENDER
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TYPE OF WORK.....: <b>ADD</b>	AREA (sf)-----	VALU...\$: <b>3895</b>
TYPE OF USE.....: <b>SF</b>	LOT.....: <b>0</b>	REQUIRED SETBACKS----
CENSUS CATEGORY.....: <b>434</b>	1ST FLR.....: <b>0</b>	FRONT.....: <b>0 ft</b>
ZONING-----	2ND FLR.....: <b>0</b>	SIDE.....: <b>0 ft</b>
:? :	BASEMENT.....: <b>0</b>	REAR.....: <b>0 ft</b>
OCCUPANCY GROUP-----	GAR/CARPORT...: <b>0</b>	REQUIRED PARKING--
:R3 :? :? :? :	OTHER.....: <b>0</b>	TOTAL.....: <b>0</b>
TYPE OF CONSTRUCTION-----	NUMBER OF UNITS.....: <b>0</b>	HANDICAPPED: <b>0</b>
:5N :? :? :? :	STORIES.....: <b>0</b>	COMPACT.....: <b>0</b>
OCCUPANT LOAD-----	BUILDING HEIGHT.: <b>0 ft</b>	IMPRV SURF.: <b>0 sf</b>
: 0: 0: 0: 0:		

<table style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="5" style="text-align: left;">FEES</th> </tr> <tr> <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>PRMT \$</td> <td>44.50</td> <td>MD</td> <td>03/25/93</td> <td>1007</td> </tr> <tr> <td>STBC \$</td> <td>4.50</td> <td>MD</td> <td>03/25/93</td> <td>1007</td> </tr> <tr> <td colspan="5" style="padding-top: 20px;">TOTAL \$ <b>49.00</b></td> </tr> </table>	FEES					Code	Amount----	By-	Date----	Receipt	PRMT \$	44.50	MD	03/25/93	1007	STBC \$	4.50	MD	03/25/93	1007	TOTAL \$ <b>49.00</b>					NOTES <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
FEES																										
Code	Amount----	By-	Date----	Receipt																						
PRMT \$	44.50	MD	03/25/93	1007																						
STBC \$	4.50	MD	03/25/93	1007																						
TOTAL \$ <b>49.00</b>																										

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

John Huff  
 Applicant or Owner's Signature

**24 Hour Notice Required For All Inspections**



ADDRESS 1110 17<sup>th</sup> D. Smith

LEGAL DESCRIPTION \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ASSESSORS ACCOUNT NO. 3772-052-017-0002

PERMIT NO.	DATE	DESCRIPTION	DATE FINALED
1712	7-23-74	Electric n/w heater	
1772	8-26-72	Comp Roof garage.	



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

**Permit #:** BLD-2004-9374  
**Issue date:** 02/02/2004  
**Expire date:** 02/01/2005

**Job Address:** 1110 17TH ST  
 ANACORTES WA 98221

**Permit Type:** Single Family Alteration/Repair Permit  
**Project:**

**APN:** P55223

**Remarks:** Remodel Kitchen.

**Owner:** FAIRBANKS BRUCE R  
**Address:** 1110 17TH ST  
 ANACORTES WA 98221

**Contractor:**  
**Address:**  
**Phone:**  
**License #:**

**General Information:**

Building Valuation 10000

**Fees:**

Building Permit Fee	80.50
State Building Code Fee	4.50
<b>Total Calculated:</b>	<b>85.00</b>
Deposits/Receipts:	0.00
<b>Total Due:</b>	<b>85.00</b>

Reg# #/Rcpt#: 004-00002262 [ MD ]  
 Accounting Date: Mon, Feb 2, 2004  
 Date/Time: Mon, Feb 2, 2004 10:35 AM  
 \*\*\*\*\*  
 8000/PERMIT FEES  
 Ref#:1110 17TH STREET

Fee Amount: \$85.00

Receipt Total = \$85.00

\*\*\*\*\*

Payment Data:

Print# : 1  
 Payer: DEE FAIRBANKS  
 Method: CK  
 Ref#: 1022  
 Amount = \$85.00

\*\*\*\*\*

Receipt Summary

\*\*\*\*\*  
 Total Tendered = \$85.00  
 Receipt Total = \$85.00

\*\*\*\*\*  
 Change Fee = \$0.00

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

ISSUED BY



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

**Permit #:** BLD-2003-9274  
**Issue date:** 12/18/2003  
**Expire date:** 12/17/2004

**Job Address:** 1110 17TH ST  
 ANACORTES WA 98221

**Permit Type:** Mechanical Permit  
**Project:**

**APN:** P55223

**Remarks:** Install new furnace and gas piping.

**Owner:** FAIRBANKS BRUCE R  
**Address:** 1110 17TH ST  
 ANACORTES WA 98221

**Contractor:** FOSS & CO HEATING  
**Address:** 329 E, BLACKBURN RD.  
 MT. VERNON WA 98273

**Phone:**

**Phone:**  
**License #:** FOSSHC1983QA

**General Information:**

# Forced Air Furnace <=1,000 1  
 # of Gas Piping 1

**Fees:**  
 Mechanical Permit Fees 43.05  
 Total Calculated: 43.05  
 Deposits/Receipts: 0.00  
 Total Due: 43.05

\*\*\*\*\*  
 Reg# #/Rcpt#: 004-00002121 [ MD ]  
 Accounting Date: Thu, Dec 18, 2003  
 Date/Time: Thu, Dec 18, 2003 11:03 AM  
 \*\*\*\*\*  
 8000/PERMIT FEES  
 Ref#:1110 17TH STREET  
 Fee Amount: \$43.05

Receipt Total = \$43.05  
 \*\*\*\*\*  
 Payment Data:  
 Pmt# :1  
 Payer: ROSS HEATING & COOLING, INC  
 Method: CK  
 Ref#: 12139  
 Amount = \$43.05

\*\*\*\*\*  
 Receipt Summary  
 \*\*\*\*\*  
 Total Tendered = \$43.05  
 Receipt Total = \$43.05

\*\*\*\*\*  
 \$43.05  
 \*\*\*\*\*

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SIGNATURE OF OWNER OR AUTHORIZED AGENT

ISSUED BY