



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

Permit #: BLD-2009-0335
Issue date: 09/18/2009
Expire date: 03/17/2011

Job Address: 2420 17TH ST
ANACORTES WA 98221-2029

Permit Type: Reroof Single Family Residence
Project:

APN: P56420

Remarks: Tear off shake roofing, install sheathing and re-roof with comp. shingles.

Owner: PAT/PATTY MORGENTHALER

Contractor:

Address: 2420 17TH ST

Address:

ANACORTES WA 98221-2029

Phone: (360) 293-7949

Phone:

License #:

General Information:

Building Valuation 6500

Fees:


Building Permit Fee 62.50
State Building Code Fee 4.50

Total Calculated: 67.00
Deposits/Receipts: 0.00

Total Due: 67.00

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



Re-Roof Building Permit Application

City of Anacortes Building Department

P.O. Box 547 Anacortes, WA 98221

Phone No.: 360-293-1901 FAX: 360.293.1938

Type of Permit: (check one)

Residential

Commercial

Project Address: 2420-17th Street Parcel ID # _____

Owner: Pat Morgenthaler Phone Number: 293-7949
 Address: 2420-17th St City: Anacortes State: WA Zip Code: 98221

Contractor: self Phone Number: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Contractor's License Number: _____ Expiration: _____

Type of Roofing: _____ Number of Layers: 1 Number of Squares: 32

Class of Roofing: A B C Installing or replacing sheeting: yes

Work Scheduled to Begin: _____ Work Scheduled to End: _____

The following is required for NON-Residential Buildings:

- All Non-Residential projects will require a site visit prior to the issuance of the permit for obvious signs of fatigue, condition of existing roofing and number of existing layers.
- Two copies of the installation specifications and U.L. listed roof assembly.
- Building square footage: _____
- Occupancy Group _____ Office _____ Retail _____
 _____ Church _____ Restaurant _____
 _____ School _____

Project Valuation: \$ 6,500

I hereby certify the above information is correct and that the construction on, and the occupancy and the use of the above described property will be accordance with the laws, rules and regulations of the State of Washington. The applicant will be responsible for providing a method of safely accessing roof for inspection. A final inspection and approval shall be obtained when the re-roofing is complete.

Pat Morgenthaler
Applicants Signature

9/18/09
Date



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

Permit #: BLD-2009-0273
Issue date: 08/04/2009
Expire date: 01/31/2011

Job Address: 2420 17TH ST
 ANACORTES WA 98221-2029

Permit Type: Reroof Single Family Residence
Project:

APN: P56420

Remarks: Tear off shingles and install composition roofing on garage.

Owner: PAT/PATTY MORGENTHALER

Contractor:

Address: 2420 17TH ST

Address:

ANACORTES WA 98221-2029

Phone: (360) 293-7949

Phone:

License #:

General Information:

Building Valuation 500

Fees:

Building Permit Fee 10.00

State Building Code Fee 4.50

Total Calculated: 14.50

Deposits/Receipts: 0.00

Total Due: 14.50

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.

Patty Morgenthaler
 SIGNATURE OF OWNER OR AUTHORIZED AGENT

Michelle Deaton
 ISSUED BY

BUILDING PERMIT

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

PERMIT NO.: BLD1999-00066
 APPLIED: 5/17/99
 ISSUED: 5/21/99
 EXPIRES: 5/21/00

SITE ADDRESS: 2420 17TH
 ASSESSOR'S PARCEL NO.: 3772-248-015-0008
 PROJECT DESCRIPTION: Construct new garage and deck

<p>OWNER PAT MORGENTHALER 2420 17TH STREET ANACORTES, WA 98221</p> <p>Primary Phone: Phone 1: 293-7949</p>	<p>CONTRACTOR</p> <p>Primary Phone: Phone 1: License #:</p>
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<p>TYPE OF WORK: ADD TYPE OF USE: SF CENSUS CATEGORY: ZONING: ? Occupancy Groups</p> <hr/> <p>1: R3 2: 3: 4:</p> <p>Construction Types</p> <hr/> <p>1: 5N 2: 3: 4:</p>	<p style="text-align: center;">AREA</p> <hr/> <p>LOT: sf 1ST FLR: sf 2ND FLR: sf BASEMENT: sf GAR/CARPORT: sf OTHER: sf</p> <p>NUMBER OF UNITS: STORIES: BUILDING HEIGHT: ft</p>	<p>VALUE: \$ 2,500.00</p> <p>REQUIRED SETBACKS:</p> <hr/> <p>FRONT: ft SIDE 1: ft SIDE 2: ft REAR: ft</p> <p>REQUIRED PARKING</p> <hr/> <p>TOTAL: HANDICAPPED: COMPACT: IMPRV SURF: sf</p>
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FEES				
Type	By	Date	Receipt	Amount
PRMT	MRD	5/21/99	10091	\$38.50
STBC	MRD	5/21/99	10091	\$4.50
			Total:	\$43.00

NOTES:

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

MECHANICAL PERMIT

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

PERMIT NO.: MEC93-0147
 APPLIED: 06/17/93
 ISSUED: 06/17/93
 EXPIRES: 06/17/94

SITE ADDRESS: 2420 17TH ST
 ASSESSOR'S PARCEL NO.: 3772-248-015-0008

PROJECT DESCRIPTION: Gas furnace, water heater and piping

OWNER PAT MORGENTHALU 2420 17TH STREET ANACORTES WA 98221 293-7949	CONTRACTOR LAVINE'S HEATING P.O. BOX 992 ANACORTES WA 98221 293-6543 LAVINHS136DE
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TYPE OF WORK...:ADD TYPE OF USE....:RES FUEL TYPES----- :/GAS/ / /: FURN < 100K BTU: 1 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.....: 0 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.: 1 GAS WTR HEATERS: 0 STOVE, APPLI....: 0 FIRE LOG/LITE...: 0 WOODSTOVES.....: 0 OTHER UNITS.....: 0 GAS OUTLETS.....: 1
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<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>\$ 33.50</td> <td>MD</td> <td>06/17/93</td> <td>1300</td> </tr> <tr> <td colspan="2">TOTAL \$</td> <td>33.50</td> <td colspan="3"></td> </tr> </table>	FEE	Code	Amount	By-	Date	Receipt		PRMT	\$ 33.50	MD	06/17/93	1300	TOTAL \$		33.50				NOTES <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
FEE	Code	Amount	By-	Date	Receipt														
	PRMT	\$ 33.50	MD	06/17/93	1300														
TOTAL \$		33.50																	

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

 Applicant or Owner's Signature

24 Hour Notice Required For All Inspections

CITY OF ANACORTES
BUILDING DEPARTMENT

CERTIFICATE OF OCCUPANCY

No. 652

THIS IS TO CERTIFY that the (description of building
or structure):

Single Family
Residence.

Owner: Pat Mangantiller

Street and No.: 2420-177th ST

Contractor: Wieland Fire Zone: 3

Building Permit No.: 4793

Occ. Group: R3 Use Zone: RL

has been inspected and occupancy is hereby

authorized:

8-20 1979
Ray Wheeler
Building Inspector

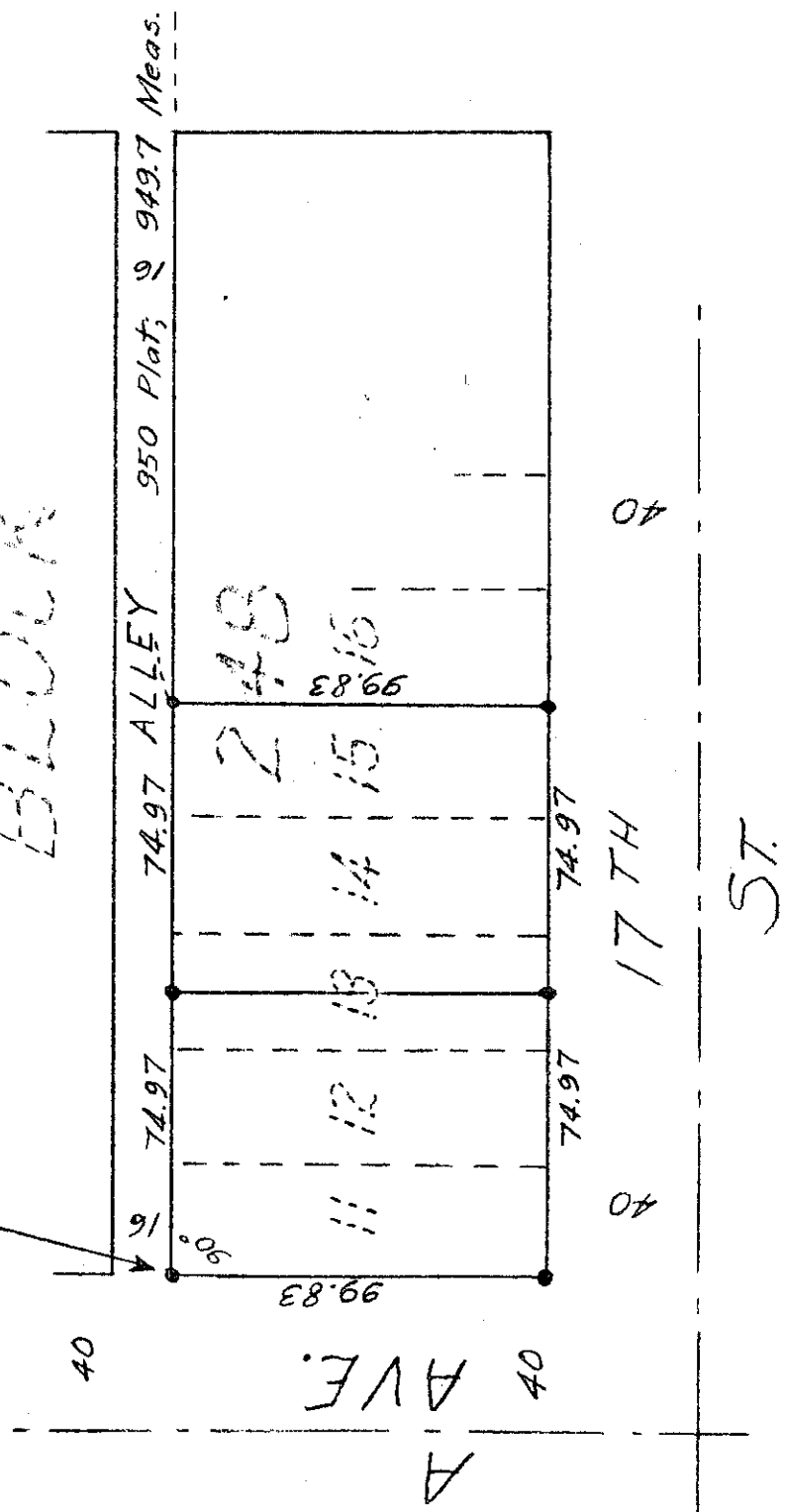
24705-1

End. Mon.
at 12th

1340 Plat
1338.49 Meas.

Set $\frac{5}{8}$ " diam. rebar with yellow caps at points dotted.

BLOCK



950 Plats @ 949.7 Meas.

SURVEY OF LOTS 11, 12, 13, 14 & 15, BLOCK 248
PLAT OF ANACORTES



For - Pat Morgenthaler
By - J. A. Newman 3/13/79

ADDRESS ~~40003~~ 2420 17th

LEGAL DESCRIPTION Block 248 lots 11 + 12 + W $\frac{1}{2}$

13 original plat of Anacortes

ASSESSORS' ACCOUNT NO. 3772-248-015-0008

PERMIT NO.	DATE	DESCRIPTION	DATE FINALED
4793	4-9-79	new Residence	
4794	4-9-79	IP. w.s & fixtures	
4793	4-9-79	sewer hookup Insp.	
4795	4-9-79	Install wood stove	