

PLUMBING PERMIT

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

PERMIT NO.: **PLM95-0015**
 APPLIED: **08/09/95**
 ISSUED: **08/09/95**
 EXPIRES: **08/09/96**

SITE ADDRESS: **1901 22ND ST**
 ASSESSOR'S PARCEL NO.: **3798-000-055-0004**

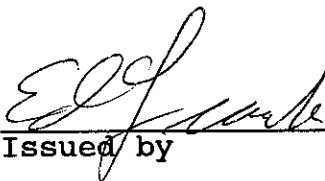
PROJECT DESCRIPTION: **INSTALL LANDSCAPE SPRINKLER SYSTEM WITH DOUBLE CHECK VALVE.**

OWNER E. LEATHERWOOD 1901 22ND STREET ANACORTES WA 98221 293-5084	CONTRACTOR YOUNG'S LANDSCAPES P.O. BOX 1272 LYMAN WA 98253 YOUNGL*05582
---	---

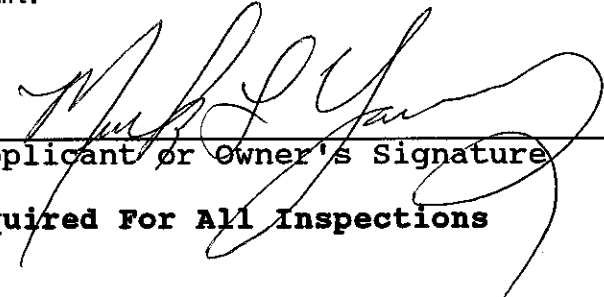
TYPE OF WORK.....:ADD	KIT SINKS W/DISP: 0	WTR PIPING/TREAT: 0
TYPE OF USE.....:RES	WASHING MACHINES: 0	HOSE BIBBS.....: 0
WATER CLOSETS....: 0	ELEC WTR HEATERS: 0	GREASE TRAPS.....: 0
BATH TUBS.....: 0	LAUNDRY TRAYS...: 0	ADD'L FIXTURES...: 1
SHOWERS.....: 0	URINALS.....: 0	
DISHWASHERS.....: 0	WASTE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

FEES <table style="width: 100%; border-collapse: collapse;"> <thead> <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> </thead> <tbody> <tr> <td>PRMT \$</td> <td>27.00</td> <td>EF</td> <td>08/09/95</td> <td>4258</td> </tr> </tbody> </table> TOTAL \$ 27.00	Code	Amount----	By-	Date----	Receipt	PRMT \$	27.00	EF	08/09/95	4258	NOTES <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Code	Amount----	By-	Date----	Receipt							
PRMT \$	27.00	EF	08/09/95	4258							

I hereby acknowledge that I have read this permit and state 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

FOR INSPECTIONS CALL:

293-1901

CITY OF ANACORTES

BUILDING PERMIT

PERMIT No

8532

24 Hrs. Notice Requested

Site Address 1901 22nd Street

OWNER	NAME (OR NAME OF BUSINESS) Evelyn Leatherwood		PLUMBING			
	MAILING ADDRESS 1901 22nd Street					
	CITY Anacortes WA 98221	TELEPHONE NUMBER 293-5811	No.	TYPE OF FIXTURE OR ITEM	FEE	
ARCHITECT	NAME			Water Closet	\$	
	ADDRESS			Bathub		
	CITY	TELEPHONE NUMBER		Lavatory		
CONTRACTOR	NAME Barron Heating			Shower		
	ADDRESS P. O. Box 1118			Kitchen Sink		
	CITY Bellingham, WA 98227	TELEPHONE NUMBER 676-1131		Dishwasher		
	STATE LICENSE NUMBER BARROHA17907	CITY LICENSE NUMBER 4124		Laundry Tray		
				Clothes Washer		
<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential <input type="checkbox"/> New <input type="checkbox"/> Add <input type="checkbox"/> Alter <input 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			Water Heater		PERMIT \$	
Legal Description of Property or Tax Account Number Lot #3798 Block 055 06F04			Urinal		TOTAL FEE \$	
Describe Work: piping & fireplace			Drinking Fountain		MECHANICAL	
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			Floor Sink or Drain		<input checked="" type="checkbox"/> GAS <input type="checkbox"/> OIL <input type="checkbox"/> ELECT. <input type="checkbox"/> OTHER	
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.		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		
		1	Pre-manufactured Stove or Fireplace		3.00	
		1	Gas Piping		9.00	
					15.00	
					PERMIT \$ 27.00	
					TOTAL FEE \$	
		TOTAL FEES		VALUATION	FEE	
		Building		\$	0.00	
		Plan Check			27.00	
		Plumbing				
		Mechanical				
		Sign				
		Demolition				
		Energy Surcharge				
		State Surcharge			27.00	
		Other				
				TOTAL \$		
		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	No. of Stories	Bedrooms	Occupant Load			
Size of Bldg.	Plans Checked By:					
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. 02/21/91						
Permit Issued By		Edwin Frank				
		Building Official (Date)				

PERMIT No 8532

FOR INSPECTIONS CALL:

293-1901

24 Hrs. Notice Requested

CITY OF ANACORTES

BUILDING PERMIT

PERMIT N^o

8478

Site Address 1901 22nd Street

OWNER	NAME (OR NAME OF BUSINESS) Dorothy Leatherwood		PLUMBING						
	MAILING ADDRESS 1901 22nd Street								
	CITY Anacortes WA 98221	TELEPHONE NUMBER 293-5811	No.	TYPE OF FIXTURE OR ITEM	FEE				
ARCHITECT	NAME			Water Closet	\$				
	ADDRESS			Bathub					
	CITY	TELEPHONE NUMBER		Lavatory					
CONTRACTOR	NAME Savage Roofing			Shower					
	ADDRESS P.O. Box 367			Kitchen Sink					
	CITY Anacortes, WA 98221	TELEPHONE NUMBER 293-2021		Dishwasher					
	STATE LICENSE NUMBER SAVAGRI193PE	CITY LICENSE NUMBER 4344		Laundry Tray					
				Clothes Washer					
<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential <input type="checkbox"/> New <input type="checkbox"/> Add <input type="checkbox"/> Alter <input type="checkbox"/> Repair <input 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 _____ Block _____ of _____				Urinal					
Describe Work Remove existing roofing				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 type="checkbox"/> Storage <input type="checkbox"/> Church <input type="checkbox"/> Restaurant <input type="checkbox"/> Other _____				Floor Sink or Drain					
<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> <p style="text-align:right;"><i>John Seuff</i> 1-29-91 Signature of Owner or Authorized Agent (Date)</p>				Slop Sink					
				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					
				PERMIT	\$				
				TOTAL FEE	\$				
TOTAL FEES		VALUATION		FEE					
Building		3,275.00		\$	45.00				
Plan Check					0.00				
Plumbing									
Mechanical									
Sign									
Demolition									
Energy Surcharge									
State Surcharge									
Other					4.50				
		TOTAL \$			49.50				
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</i>		Date <i>1/29/91</i>							
Building Official		(Date)							

Edwin Frank

PERMIT N^o

8478

FOR INSPECTIONS CALL:

CITY OF ANACORTES

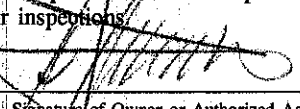
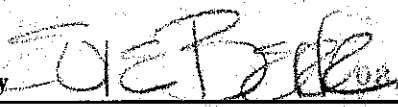
PERMIT # 8060

293-1901

BUILDING PERMIT

24 Hrs. Notice Requested

Site Address 1901 22nd Street

OWNER	NAME (OR NAME OF BUSINESS) Evelyn Leatherwood		PLUMBING		
	MAILING ADDRESS 1901 22nd Street				
	CITY Anacortes WA 98221	TELEPHONE NUMBER 293-5811	No.	TYPE OF FIXTURE OR ITEM	FEE
ARCHITECT	NAME			Water Closet	\$
	ADDRESS			Bathtub	
	CITY	TELEPHONE NUMBER		Lavatory	
CONTRACTOR	NAME Simply Yards - Landscape & Design			Shower	
	ADDRESS 809 33rd Street			Kitchen Sink	
	CITY Anacortes WA 98221	TELEPHONE NUMBER 293-3456		Dishwasher	
	STATE LICENSE NUMBER	CITY LICENSE NUMBER 5012		Laundry Tray	
				Clothes Washer	
<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential <input type="checkbox"/> New <input type="checkbox"/> Add <input type="checkbox"/> Alter <input type="checkbox"/> Repair <input 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 _____ Block _____ of _____ 3798.000.055.0004				Urinal	
Describe Work new fence & deck				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 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.  Signature of Owner or Authorized Agent (Date)				Slop Sink	
					Water Piping
			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	\$
				TOTAL FEE	\$
TOTAL FEES		VALUATION	FEE		
Building		\$ 2,000.00	\$ 35.00		
Plan Check			0.00		
Plumbing					
Mechanical					
Sign					
Demolition					
Energy Surcharge					
State Surcharge			1.50		
Other		fence	19.00		
		TOTAL \$	75.50		
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:				
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 _____ (Date) 02/01/90 Building Official (Date)					

Edwin Frank

PERMIT # 8060

ADDRESS 1901 22nd

LEGAL DESCRIPTION _____

ASSESSORS' ACCOUNT NO. 3798-000-055-0004

PERMIT NO.	DATE	DESCRIPTION	DATE FINALED
841	3-13-73	Gas piping + gas furnace	
2774	6-3-76	Comp roofing	