



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

Permit #: BLD-2002-7973
Issue date: 07/31/2002
Expire date: 07/31/2003

Job Address: 1215 34TH ST
 ANACORTES WA 98221

APN:

Permit Type: Single Family Residence Permit

Project:

Remarks: Add 211 square foot addition to existing single family.

Applicant: MCDANIELS JACK P

Owner: MCDANIELS JACK P

Address:

Address:

Phone:

Phone:

Contractor:

Address:

Phone:

License #:

General Information:

Building Valuation 20000

Fees:

Building Permit Fee 140.50

State Building Code Fee 4.50


Total Calculated: 145.00


Deposits/Receipts: 0.00

Total Due: 145.00



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.

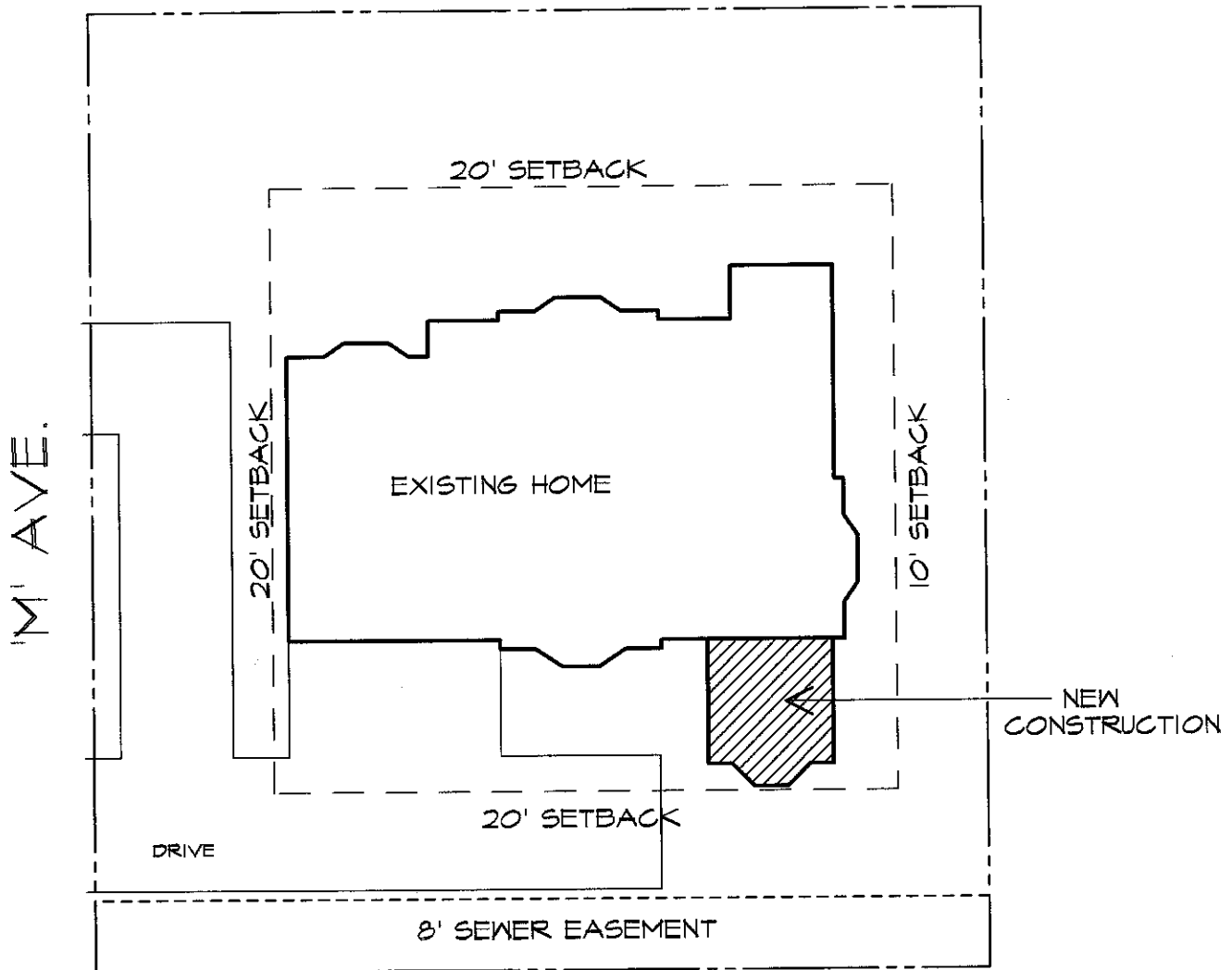

 Applicant Signature


 Issued by

MCDANIELS LOT

SCALE: 1:20

34TH ST.



.25 ACRE LOT
211# NEW IMPERVIOUS SURFACES.

FINAL INSPECTION CHECKLIST

Inspection Date: 4-24-00

Address: 1215 34TH

Permit No. Com 1999-00083 Date: 8-3-99 Zone: R

Owners Name: Jack McDaniels

Owners Address: _____

Occupancy Group: R3 Construction Type: SN

Variances: _____ Safety Glass: OK

Sewer Fee Paid: _____ Hand Rails: _____ *

Sewer Inspected: _____ Guard Rails: _____ *

WSEC Compliance: _____ Traps: OK

Attic Access: OK Wood Stove: _____

Smoke Detectors: OK Water Pressure: 58 PSI

T&P Drain: OK House Numbers: _____ *

Insulation Cert: _____ Site Drainage: _____ *

Radon Test Kit: _____ Curb Cut: OK

Garage House Door: OK Crawl Space Insul: _____ *

Bedroom Windows: OK Crawl Space Access: _____ *

Water Heater Strap: OK Vapor Barrier: _____ *

D.W. Air Gap: OK Water Meter Box: OK

Auto Garage Door: OK Outside Caulking: OK

* Exterior Decks/Landings: _____

Exh. Duct/Dryer Vent Dampers: OK

5/10/00 30 day Temp Issued



DO NOT REMOVE

CORRECTIONS REPORT

- Building codes 293-1901
- Fire codes 293-1925
- Public Works 293-1920

The corrections listed below are hereby ordered and must be completed within _____ days.

OWNER/ CONTRACTOR	PERMIT NUMBER
ADDRESS 1315 34th (FORMERLY 3403 W AVE)	DATE 4-24-00

- NOT APPROVED FOR COVER
- NOT APPROVED FOR OCCUPANCY OR USE
- CORRECTIONS NEEDED
- STOP WORK

- (1) INSULATE WATER PIPING IN GARAGE MIN. R3
- (2) SEAL AROUND DUCTING IN GARAGE
- ~~(3) PROVIDE 1 HOUR RATED GATE AROUND AIR SURNACE~~
- (3) PROVIDE LANDING AND STEPS IN GARAGE, LANDING MUST BE SAME LEVEL AS FLOOR
- (4) INSTALL RATED DOOR FROM GARAGE TO HOUSE
- (5) PROVIDE DECK OUTSIDE DOORS ON SOUTH SIDE OF HOUSE
- (6) INSTALL DOWNSPOUTS
- (7) PROVIDE HANDRAILS ON ALL STAIRWAYS
- (8) PROVIDE TWINE TO SUPPORT INSULATION DOWNSTAIRS
- (9) FINISH G.W.B. UNDER STAIRS
- (10) COMPLETE BATHROOMS UPSTAIRS
- (11) PROVIDE ACCESS TO CRAWL SPACE
- (12) GRADE DIRT TO DRAIN WATER AWAY FROM HOUSE

NOTIFY INSPECTION OFFICE
WHEN READY FOR REINSPECTION

RO
INSPECTOR