



**CITY OF ANACORTES**  
**WASHINGTON**  
**BUILDING DEPARTMENT**

### **CERTIFICATE OF OCCUPANCY**

This is to certify that the (Description of Building or Structure):

Single Family Residence

Located At: 2611 Fircrest Blvd.  
STREET & NUMBER

Owner: Strandberg Construction

Constructed By: owner  
OWNER OR CONTRACTOR

Bldg. Permit#: BLD-2004-9670

Date Issued: September 22, 2005

Occ. Group: R3 Use Zone: R2

Has Been Inspected And Occupancy Is Hereby Authorized.

This 9th Day of June 20 05

  
AUTHORIZING OFFICIAL

**SEE REVERSE SIDE FOR SPECIAL REQUIREMENTS.**

CITY OF ANACORTES "AS-BUILT"

⚡ Sewer

⚡ Storm

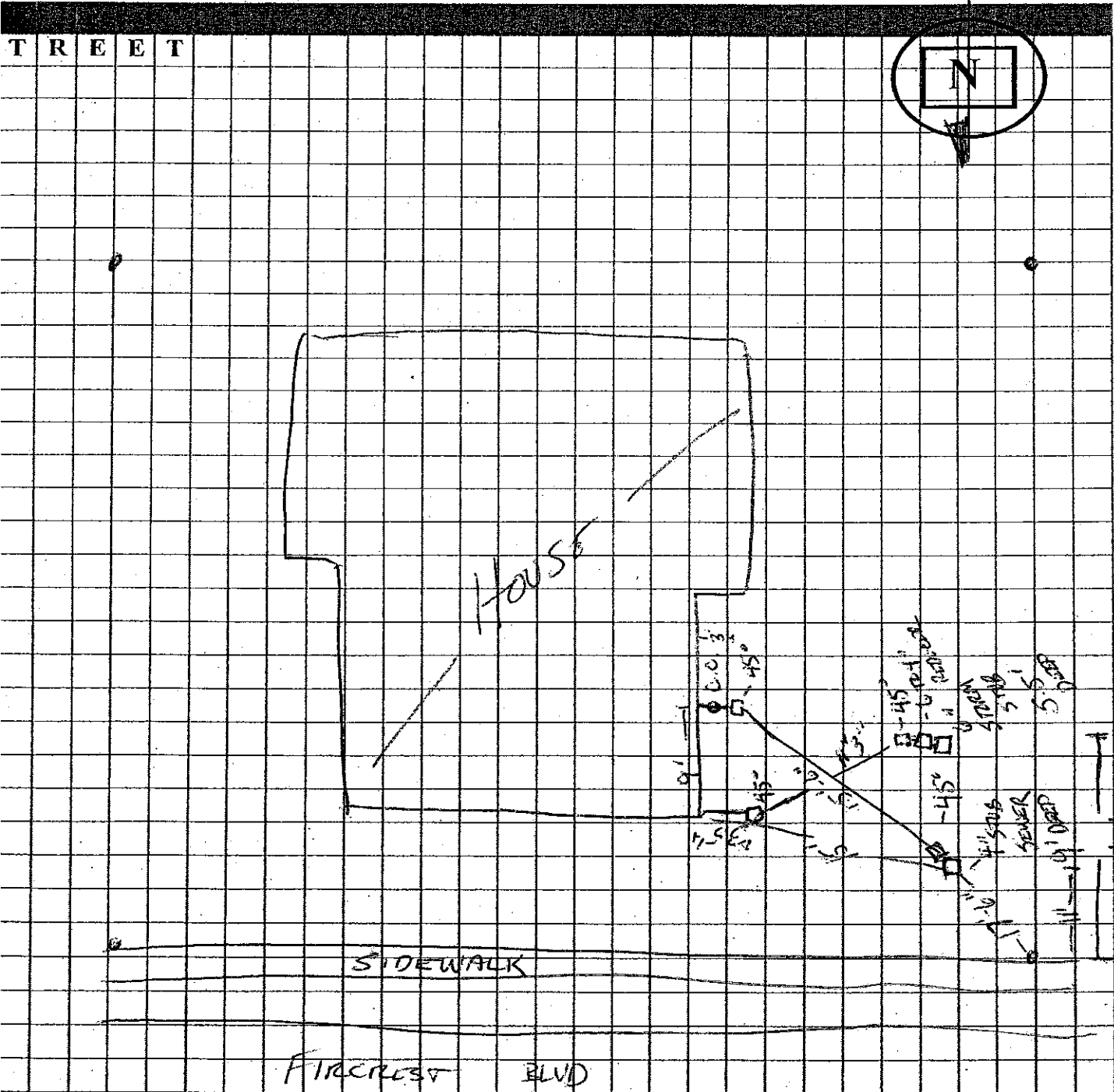
CONTRACTOR: STRANDBERG EXC.

PROJECT/DIVISION: FIRECREST LOT 13 BLOCK

PROJECT ADDRESS: 2611 FIRECREST BLVD

DATE: 12-23-04

PERMIT # 2004-9670 SCALE N/A =



INDICATE STREET(S) ON GRID MAP  
INDICATE DEPTH AND DISTANCES OF CLEANOUTS

CITY OF ANACORTES "AS-BUILT"

Sewer

Storm

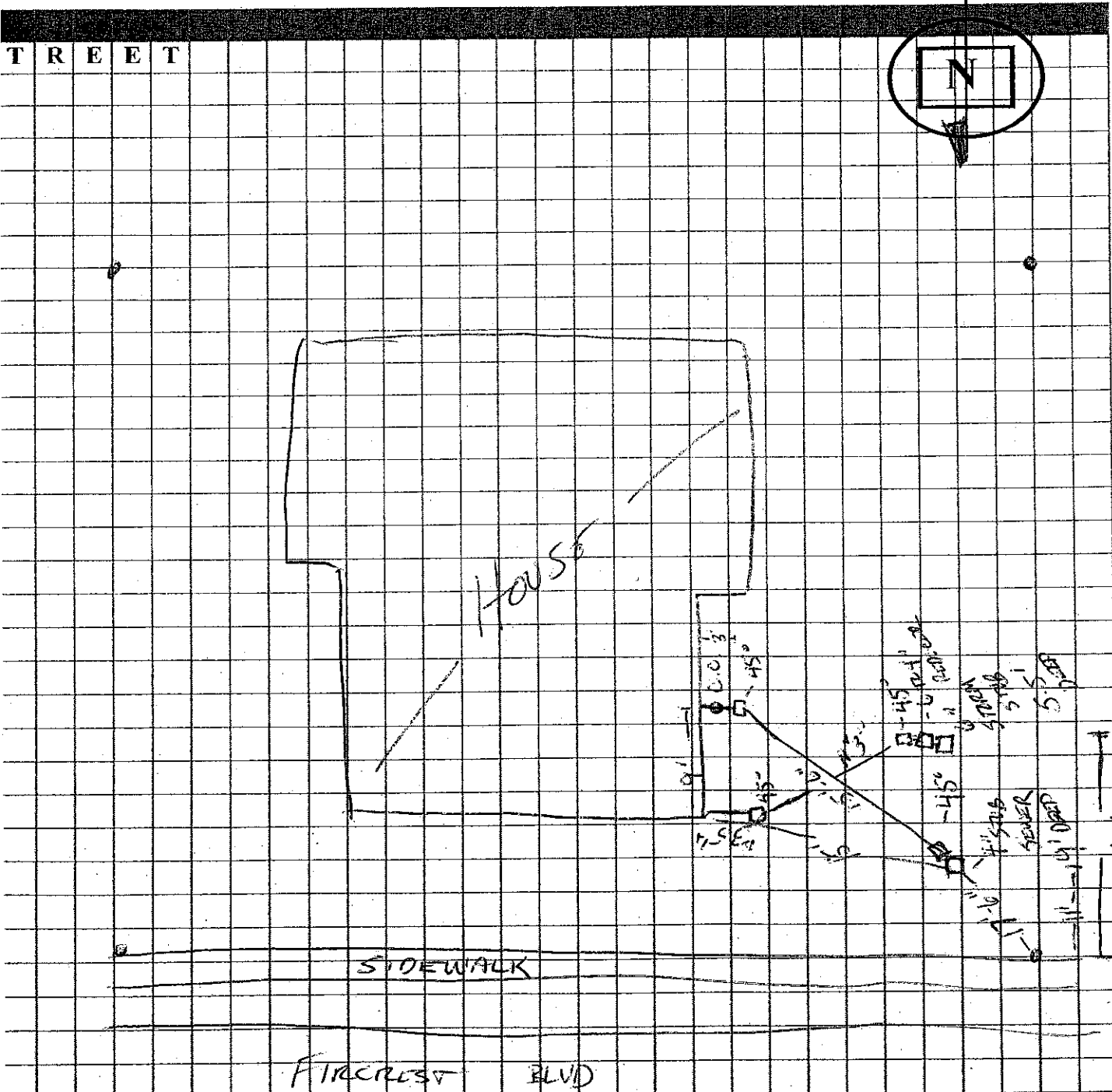
CONTRACTOR: STRANDBETG, EXC.

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LOT ADDRESS: 2611 FIRECREST BLVD

DATE: 12-23-04

PERMIT # 2004-9670 SCALE N/A



LOCATE STREET(S) ON GRID MAP  
INDICATE DEPTH AND DISTANCES OF CLEANOUTS



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

0426604-1 0009 09/22/2004 002 4  
 Permit Fees 003054 \$8,844.98

**Permit #:** BLD-2004-9670  
**Issue date:** 09/22/2004  
**Expire date:** 09/22/2005

**Job Address:** 2611 FIR CREST BLVD  
 ANACORTES WA 98221

**Permit Type:** Single Family Residence Permit  
**Project:**

**APN:**

**Remarks:** New single family residence.

**Owner:** STRANDBERG CONSTRUCTION

**Contractor:** STRANDBERG CONSTRUCTION

**Address:** PO BOX 319  
 ANACORTES WA 98221

**Address:** PO BOX 319  
 ANACORTES WA 98221

**Phone:** (360) 293-7431

**Phone:** (360) 293-7431

**License #:** STRANCI020CC

**General Information:**

Lot Area	5789
1st Floor Square Footage	1472
2nd Floor Square Footage	980
Garage Square Footage	555
Building Valuation	246815
# Forced Air Furnace <=1,000	1
# of Bathtubs	2
# of Clothes Dryers	1
# of Clothes Washers	1
# of Dishwashers	1
# of Gas Fireplace	1
# of Gas Piping	1
# of Gas Water Heaters	1
# of Water Piping	1
# of Hose Bibbs	2
# of Kitchen Sinks	1
# of Lavatories	3
# of Range Hoods	1
# of Showers	2
# of Ventilation Fans	4
# of Water Closets	3

**Fees:**

Plan Review Deposit	100.00
Building Permit Fee	800.50
Plan Review Fee	420.33
Mechanical Permit Fees	114.65
Plumbing Permit Fee	132.00
State Building Code Fee	4.50
Sewer Inspection Fee	50.00
Storm Drain GFC-Residential	1,126.00
Sewer GFC-Residential	4,682.00
Park Impact Fee	615.00
Traffic Impact Fee	900.00
<b>Total Calculated:</b>	<b>8,944.98</b>
<b>Deposits/Receipts:</b>	<b>100.00</b>
<b>Total Due:</b>	<b>8,844.98</b>

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.

*Susan Schuddekopf*

SIGNATURE OF OWNER OR AUTHORIZED AGENT

*Michelle Deaton*

ISSUED BY

# CITY OF ANACORTES BUILDING PERMIT APPLICATION

SITE ADDRESS: 2611 Fir Crest Blvd. ASSESSOR NO.: \_\_\_\_\_

LOT: #13 BLOCK: \_\_\_\_\_ DIV: \_\_\_\_\_ ADDITION: Fir Crest

OWNER	LENDER	CONTRACTOR
Name: <u>Strandberg Construction</u>	Name: <u>Washington Federal</u>	Name: <u>Strandberg Construction Inc</u>
Mailing Address: <u>PO BOX 319</u>	Mailing Address: <u>11th + Comm.</u>	Mailing Address: <u>PO BOX 319</u>
City: State: Zip: <u>Anacortes WA 98221</u>	City: State: Zip: <u>Anacortes WA 98221</u>	City: State: Zip: <u>Anacortes WA 98221</u>
Phone No.: _____	Phone No.: <u>(360) 293-7431</u>	Phone No.: _____ Contractor License: _____

Contact Person: Nels or Charlie Phone No.: 661-0404 (Nels) 661-1269 (Charlie)

## OCCUPANT USE

(Check One)

Single Family:  Multi-Family: \_\_\_\_\_ Apartment: \_\_\_\_\_ Condominium: \_\_\_\_\_ Senior Housing: \_\_\_\_\_

Retail: \_\_\_\_\_ Office: \_\_\_\_\_ Restaurant: \_\_\_\_\_ Manufacturing: \_\_\_\_\_ Storage: \_\_\_\_\_ Bank: \_\_\_\_\_

Assembly: \_\_\_\_\_ Accessory: \_\_\_\_\_ Automotive Repair: \_\_\_\_\_ Other (Specify): \_\_\_\_\_

DESCRIBE OF WORK: SFD

## GENERAL INFORMATION

Street Setback: <u>10</u> ft.	2nd Floor: <u>980</u> sf.	(Circle Y or N)  Shoreline/Wetlands <input type="radio"/> N Water on/Adj. to Property <input type="radio"/> N Soils Report <input type="radio"/> N Sensitive Area <input type="radio"/> N Latecomers Agreement <input type="radio"/> N Fire Hydrant (250 FT) <input type="radio"/> N Variance <input type="radio"/> N Covenant <input type="radio"/> N
1st Side Setback: <u>5</u> ft.	3rd Floor: <u>93,150</u>	
2nd Side Setback: <u>5/20</u> ft.	Basement: _____ sf.	
Rear Setback: <u>5</u> ft.	Occ. Group: _____	
Use Zone: <u>R-1 PUD</u>	Carport Area: _____ sf.	
Type of Construction: <u>Wood Frame</u>	Garage Area: <u>555</u> sf.	
Lot Area: <u>5789</u> sf.	No. of Stories: <u>2,13,875</u>	
No. of Dwellings: <u>1</u>	Building Height: <u>23'6"</u> sf.	
Lot Coverage: <del>35%</del> <u>35%</u>	Deck Area: _____ sf.	
1st Floor: <u>1472</u> sf. <u>139,840</u>		

Project Valuation (Labor and Material Cost): ~~\$1,160,000~~ 246,815

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: \_\_\_\_\_ DATE: 5/12/04

MAY 20 2004

Bld-2004-9670

# CITY OF ANACORTES PLUMBING & MECHANICAL PERMIT APPLICATION

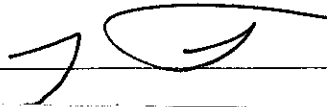
SITE ADDRESS: 2611 Fir Crest Blvd ASSESSOR'S NO.: \_\_\_\_\_

LOT: # 13 BLOCK: \_\_\_\_\_ ADDITION: Fir Crest

OWNER	CONTRACTOR
Name: <u>Strandberg Construction Inc</u>	Name: <u>Strandberg Construction Inc</u>
Mailing Address: <u>PO Box 319</u>	Mailing Address: <u>PO Box 319</u>
City: <u>Anacortes</u> State: <u>WA</u> Zip: <u>98221</u>	City: <u>Anacortes</u> State: <u>WA</u> Zip: <u>98221</u>
Phone No.: <u>(360) 293-7431</u>	Phone No.: <u>(360) 293-7431</u>
	Contractors License No.: <u>STRAN1020CC</u>

Plumbing		Mechanical	
NO:	Type of Fixture	NO:	Type of Equipment
<u>3</u>	Water Closet 1.5 GPF		Air Cond. Unit HP
<u>2</u>	Bathtub		Refrigeration Unit HP
<u>2</u>	Shower 2.5 GPM		Boiler BTU/HP
<u>1</u>	Dishwasher 2.5 GPM	<u>1</u>	Forced Air System BTU
<u>3</u>	Lavatory 2.5 GPM		Floor Furnace
<u>1</u>	Kitchen Sink 2.5 GPM		Wall Heater
	Clothes Washer	<u>1</u>	Clothes Dryer
	Urinal 1.0 GPM	<u>4</u>	Ventilation Fan
	Drinking Fountain	<u>1</u>	Range Hood
	Floor Sink or Drain		Air Handling Unit CFM
	Slop Sink		Pre-Manf. Stove or Fireplace
<u>1</u>	Water Piping	<u>1</u>	Gas Fireplace
<u>2</u>	Hose Bibs		Gas Water Heater
	Back Flow Prevention Device		Gas Piping
	Other (Describe)		Other (Describe)
			<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">GAS:</span> ELEC:                                  OTHER:

THIS APPLICATION IS RECEIVED BY THE BUILDING DEPARTMENT UNDER THE PROVISIONS OF THE UNIFORM PLUMBING AND MECHANICAL CODES 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 ORDINANCE GOVERNING THIS TYPE OF WORK WILL BE COMPLETED WITH, WHETHER SPECIFIED HEREIN OR NOT, INCLUDING CALLS FOR INSPECTION.

SIGNATURE:  DATE: 5/12/04

**Washington State Energy Code: 2001 Edition, Prescriptive Worksheet  
Zone 1**

Contractor Strandberg Construction Inc.
PO Box 319
Anacortes WA 98221
Fir Crest Phase I
Lot 13 2611 Fir Crest Boulevard

<b>Conditioned Floor Area</b>	2452
Glazing Area	
Vertical Glazing	339.0
Overhead Glazing	16.0
Door	20.0
602.7.2 Exception, Area X 3	
Glazing Area Total	375.0
Glazing To Floor Area Ratio	15.3%
Glazing Area Total / Conditioned Floor Area	
602.7.2 Exception Ratio	
602.7.2 Glazing Area Total / Conditioned Floor Area, not to exceed 1%	

**Table 6-1  
PRESCRIPTIVE REQUIREMENTS<sup>0.1</sup> FOR GROUP R OCCUPANCY  
CLIMATE ZONE 1**

Select One Option

Option	Glazing Area <sup>10</sup> % of Floor	Glazing U-Factor		Door <sup>9</sup> U-factor	Ceiling <sup>2</sup>	Vaulted Ceiling <sup>3</sup>	Wall Above Grade	Wall Int <sup>4</sup> Below Grade	Wall Ext <sup>4</sup> Below Grade	Floor <sup>5</sup>	Slab <sup>4</sup> On Grade
		Vertical	Overhead <sup>11</sup>								
<input type="checkbox"/> I	12%	0.35	0.58	0.20	R-38	R-30	R-15	R-15	R-10	R-30	R-10
<input type="checkbox"/> II*	15%	0.40	0.58	0.20	R-38	R-30	R-21	R-21	R-10	R-30	R-10
<input checked="" type="checkbox"/> III	Unlimited Group R-3 Occupancy Only	0.40	0.58	0.20	R-38	R-30	R-21	R-21	R-10	R-30	R-10

See code text for footnote references

**Exterior Doors**

Plan ID	Component Description	Ref.	Door U	Percent Glazed	Qt.	Width Feet <sup>inch</sup>	Height Feet <sup>inch</sup>	Glazing Area	Door Area	Door UA
			U						A	=UXA
	3ft fiberglass codel doors	garage	0.500		2	3	6 <sup>8</sup>		40.0	20.0
	fiberglass french door		0.480	50%	2	3	6 <sup>8</sup>	20.0	40.0	19.2
	One Exempt Door, If 24 Square Feet or Less				1	3	6 <sup>8</sup>		20.0	

Sum of Area and UA (do not include exempt door)	20.0	80.0	39.2
Area Weighted U = UA/Area			0.49

**Washington State Energy Code: 2001 Edition, Prescriptive Worksheet  
Zone 1**

**Vertical Glazing (Windows, Doors using Exception 602.6 #1)**

Plan ID	Component Description	Ref.	Glazing U
			<i>U</i>
	vinyl with low e squared picture	W01	0.310
	vinyl with low e squared picture	W02	0.310
	vinyl with low e squared xo	W03	0.340
	vinyl with low e squared xo	W04	0.340
	vinyl with low e squared glass block	W05	0.340
	vinyl with low e squared xo	W06	0.310
	vinyl with low e squared picture	W07	0.310
	vinyl with low e squared xo	W08	0.340
	vinyl with low e squared xo	W09	0.340
	vinyl with low e squared xo	W10	0.340
	vinyl with low e squared		
	vinyl with low e squared		
	vinyl with low e squared		
	vinyl with low e squared		
	vinyl with low e squared		

Qt.	Width		Height	
	Feet	Inch	Feet	Inch
2	1	6	6	
3	2		2	
2	3		4	
2	4		2	
1	4		4	
2	4		4	
4	4		6	
2	6		5	
2	5		4	
1	5		5	

Glazing	
Area	UA
A	=UXA
18.0	5.58
12.0	3.72
24.0	8.16
16.0	5.44
16.0	5.44
32.0	9.92
96.0	29.76
60.0	20.40
40.0	13.60
25.0	8.50

Sum of Area and UA  
Area Weighted U = UA/Area

339.0	110.52
	0.33

**Overhead Glazing**

Plan ID	Component Description	Ref.	Glazing U
			<i>U</i>
	no skylights		

Qt.	Width		Height	
	Feet	Inch	Feet	Inch
2	2		4	

Glazing	
Area	UA
A	=UXA
16.0	

Sum of Area and UA  
Area Weighted U = UA/Area

16.0	

**Section 602.7.2 Exception**

Plan ID	Component Description	Ref.

Qt.	Width		Height	
	Feet	Inch	Feet	Inch

Glazing	
Area	UA
Area	X3

Sum of Area and Area X3

--	--



(a)

(b)

Glazing Percentage

In order to use option I, the glazing percentage cannot exceed 12%.

In order to use option II, the glazing percentage cannot exceed 15%.

### WHOLE HOUSE VENTILATION USING THE PRESCRIPTIVE METHOD

Purpose: We have all heard about office and school buildings which cause people to become ill. If improperly ventilated, our homes can cause some of us to become ill too. With all of the new materials we use to construct and furnish our buildings, it is very important that our homes are ventilated in such a way as to provide us with method to get the stale air out and fresh air in.

Please check the appropriate box to describe which of the four prescriptive Whole House Ventilation Systems you will be using, and fill in any blanks or boxes under the system you choose.



#### Option 1. Whole house Ventilation Using Exhaust Fans (VIAQ 303.4.1)

- \_\_\_\_\_ CFM Exhaust Fan Flow Rating Per Table 3-2 (attached). Location of whole house exhaust fan(s) must be shown on the plans.
- Fan Controls: 24 hour clock timer with capability of continuous operation, manual and automatic control & accessible
- Whole house fans located 4 feet or less from the interior grille shall have a sone rating of 1.5 or less at 0.1 inches w.g.
- Outdoor Air shall be distributed to each habitable room by individual Outdoor Air inlets.

*Exception:* Exhaust only ventilation systems do not require outdoor air inlets if the home has a ducted forced air heating system that communicates with all habitable rooms and the interior doors are undercut a minimum of 1/2 inch.



#### Option 2. Whole house Ventilation Integrated with a Forced Air Heating System (VIAQ 303.4.2)

- \_\_\_\_\_ inch Fresh air duct, connected to the furnace return plenum, sized Per Table 3-5 (attached)
- Fresh Air inlet duct Damper Selection: (Choose one)
  - Motorized Damper (no testing of ventilation flow rates as long as the prescriptive duct sizing per Table 3-5 are met.
  - Manual Damper meeting Table 3-2 flow rates: \_\_\_\_\_ CFM (see attached Table 3-2)
  - Automatic Flow-Regulated Device per VIAQ 030.4.2.1 #3. (Requires field testing or calculation.)
- Outdoor Air inlets shall be screened or otherwise protected from entry by leaves or other material and located per VIAQ 303.4.2.4
- All Ventilation supply ducts in the conditioned space shall be insulated to a minimum of R-4 (VIAQ 303.4.2.3)



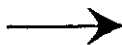
#### Option 3. Whole house Ventilation Using a Supply Fan (VIAQ 303.4.3)

- \_\_\_\_\_ inch Outdoor air inlet duct, connected to the furnace supply air stream, sized Per Table 3-6 (attached)
- Fresh Air inlet duct Back-draft Damper Selection: (Choose one)
  - Calibrated manual volume damper installed and set to meet the measured flow rates in Table 3-2 (attached) by field testing with a pressure gauge and/or following manufacturer's installation instructions.
  - A manual volume damper installed and set to meet the measured flow rates specified in Table 3-2 by field testing with a flow hood or flow measuring station.
  - An automatic flow-regulating device sized to the specified flow rate in Table 3-2 which provides constant flow over a pressure range of 0.20 to 0.60 inches water gauge.
- Outdoor Air inlets shall be screened or otherwise protected from entry by leaves or other material and located per VIAQ 303.4.3.6
- All Ventilation supply ducts in the conditioned space shall be insulated to a minimum of R-4 (VIAQ 303.4.3.5)



#### Option 4. Whole house Ventilation Using a Heat Recovery Ventilation System (VIAQ 303.4.4)

- All duct work in heat recovery system shall be at least 6 inches in diameter
- Balancing dampers shall be installed on the inlet and exhaust side.
- Flow measurement grids shall be installed on the supply and return.
- System minimum flow rating shall not be less than specified in Table 3-2. Maximum rates in Table 3-2 do not apply.
- Outdoor air inlets shall be screened or otherwise protected from entry by leaves or other material and located per VIAQ 303.4.4.4
- Ventilation Supply Ducts in the conditioned space upstream of the heat exchanger shall be insulated to a minimum of R-4 (VIAQ 303.4.4.3)



THE FOLLOWING ARE REQUIRED IN ADDITION TO THE OPTION CHOSEN ABOVE:

- At the time of final inspection, the automatic control time shall be set to operate the whole house fan for at least 8 hours per day,
- A label shall be affixed to the control that reads "Whole House Ventilation" (see operating instructions)
- 24-hour clock timer installed with capability of continuous operation, manual and automatic control, readily accessible.
- Installer shall provide the manufacturer's installation, operating instructions, and a whole house ventilation system operation description.

**REFERENCE TABLES**

**Table 3-2: Ventilation Rates for all Group R Occupancies four stories and less \***  
Minimum and Maximum Ventilation Rates: Cubic Feet per Minute (CFM)

Floor Area, ft <sup>2</sup>	Number of Bedrooms													
	2 or less		3		4		5		6		7		8	
	Min.	Max.	Min.	Max.	Min.	Max.	Min.	Max.	Min.	Max.	Min.	Max.	Min.	Max.
< 500	50	75	65	98	80	120	95	143	110	165	125	188	140	210
501-1000	55	83	70	105	85	128	100	150	115	173	130	195	145	218
1001-1500	60	90	75	113	90	135	105	158	120	180	135	203	150	225
1501-2000	65	98	80	120	95	143	110	165	125	188	140	210	155	233
2001-2500	70	105	85	128	100	150	115	173	130	195	145	218	160	240
2501-3000	75	113	90	135	105	158	120	180	135	203	150	225	165	248
3001-3500	80	120	95	143	110	165	125	188	140	210	155	233	170	255
3501-4000	85	128	100	150	115	173	130	195	145	218	160	240	175	263
4001-5000	95	143	110	165	125	188	140	210	155	233	170	255	185	278
5001-6000	105	158	120	180	135	203	150	225	165	248	180	270	195	293
6001-7000	115	173	130	195	145	218	160	240	175	263	190	285	205	308
7001-8000	125	188	140	210	155	233	170	255	185	278	200	300	215	323
8001-9000	135	203	150	225	165	248	180	270	195	293	210	315	225	338
> 9000	145	218	160	240	175	263	190	285	205	308	220	330	235	353

- For residences that exceed 8 bedrooms, increase the minimum requirement listed for 8 bedrooms by an additional 15 CFM per bedroom. The maximum CFM is equal to 1.5 times the minimum

**Table 3-3: Prescriptive Exhaust Duct Sizing**

Fan Tested CFM @ 0.25" W.G	Minimum Flex Diameter	Maximum Length (feet)	Minimum Smooth Diameter	Maximum Length Feet	Maximum Elbows <sup>1</sup>
50	4 inch	25	4 inch	70	3
50	5 inch	90	5 inch	100	3
50	6 inch	No Limit	6 inch	No Limit	3
80	4 inch <sup>2</sup>	N.A.	4 inch	20	3
80	5 inch	15	5 inch	100	3
80	6 inch	90	6 inch	No Limit	3
100	5 inch <sup>2</sup>	N.A.	5 inch	50	3
100	6 inch	15	6 inch	No Limit	3
125	6 inch	15	6 inch	No Limit	3
125	7 inch	70	7 inch	No Limit	3

1. For each additional elbow subtract 10 feet from maximum length
2. Flex ducts of this diameter are not permitted with fans of this size.

**Table 3-5: Prescriptive Integrated Forced Air Supply Duct Sizing**

Required Flow (CFM) Per Table 3-2	Minimum Smooth Duct Diameter	Minimum Flexible Duct Diameter	Maximum Length <sup>1</sup>	Maximum Number of Elbows <sup>2</sup>
50-80	6"	7"	20'	3
80-125	7"	8"	20'	3
115-175	8"	10"	20'	3
170-240	9"	11"	20'	3

1. For lengths over 20 feet increase duct diameter 1 inch
2. For elbows numbering more than 3 increase duct diameter 1 inch.

**Table 3-6: Prescriptive Supply Fan Duct Sizing**

Supply Fan Tested at 0.40" W.G.		
Specified Volume from Table 3-2	Minimum Smooth Duct Diameter	Minimum Flexible Duct Diameter
50 - 90 CFM	4 inch	5 inch
90 - 150 CFM	5 inch	6 inch
150 - 250 CFM	6 inch	7 inch
250 - 400 CFM	7 inch	8 inch

### SOURCE SPECIFIC VENTILATION (VIAQ 302.2)

Source specific exhaust ventilation is required in each kitchen, bathroom, water closet, laundry room, indoor swimming pool, spa, and other rooms where excess water vapor or cooking odor is produced. Source specific ventilation systems must be controlled by a manual switch, de-humidistat, timer or other approved means. Controls must be readily accessible. Ducts must terminate outside the building. Exhaust ducts which are designed to operate intermittently must be equipped with back-draft damper. All exhaust ducts in unconditioned spaces must be insulated to a minimum of R-4. Terminal elements must have at least the equivalent net free area of the duct work. Terminal elements for exhaust fan duct systems must be screened or otherwise protected from entry by leaves or other material.

**Table 3-1: Minimum Source Specific Ventilation Capacity Requirements**

	Bathrooms	Kitchens
Intermittently operating	50 cfm	100 cfm
Continuous operation	20 cfm	25 cfm

Please be sure to note the locations of your source specific fans on your construction drawings and include the cfm rating you plan to install.

### MOISTURE CONTROL (WSEC 502.1.6)

In order to help prevent moisture from collecting within the framing of the building, a vapor retarder must be installed to minimize vapor movement through what is called the diffusion process. Components of the house requiring a vapor retarder are:

- Floors between heated and unheated spaces.
- Walls - on the inside (warm side in winter)
- Ceilings averaging less than 12 inches of ventilated area above the insulation to the underside of the roof sheathing.

Check the appropriate boxes to indicate which method of interior vapor retarder will be used to meet Moisture Control requirements:

LOCATION	MATERIAL				
	Exterior Grade Plywood or OSB	Backed Batts <sup>1</sup>	4 - Mil Clear Plastic <sup>2</sup>	Vapor Retarder Paint (1.0 perm rating)	Not required if ventilation space average 12" above insulation
Floors		N/A	N/A		N/A
Walls	N/A				N/A
Ceilings	N/A				

<sup>1</sup> Backed batts at walls and ceilings must be faced stapled. (Paper should extend over studs or rafters towards interior heated space)  
<sup>2</sup> Plastic is to be applied on the interior face of studs, ceiling joists, and rafters. (This does not replace the requirement for 6-mil black polyethylene (plastic) to be laid over the ground within crawl spaces.

### PRESCRIPTIVE HEATING SYSTEM SIZING

Heating and cooling design loads for the purpose of sizing HVAC systems are required and calculations in accordance with accepted engineering practice, including infiltration and ventilation must be provided when plans are submitted for the building permit.

**EXCEPTION:** Design heat load calculations are not required to be submitted if the heating system installed is equal to or less than 20 Btu/h\*ft<sup>2</sup>.

If you plan to use this exception please complete the following calculation.

Heated floor area 2400 x 20 = 48000 Btu/h\*<sup>2</sup> (maximum heating appliance rating)

Please note that if the heating equipment you actually install exceeds the value calculated in this table, the building inspector may require that you provide design head load calculations prior to field approval.

# CITY OF ANACORTES BUILDING DEPARTMENT RESIDENTIAL CHECKLIST

(This form is to be completed prior to issuing the building permit)

Site Address: 2611 Friest Date: 6/21/04  
 Contact Person: Nels Stenzberg Phone No.: 661-0404  
 Assessors No.: \_\_\_\_\_ Lot: 13 Block: \_\_\_\_\_ Addition: ~~Friest~~ Friest

### (Building Department Checklist for Completeness)

- | OK                       | NA                       |                                    | OK                       | NA                       |                                      |
|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|--------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Fire Department Access             | <input type="checkbox"/> | <input type="checkbox"/> | Fire Hydrant Located within 250 feet |
| <input type="checkbox"/> | <input type="checkbox"/> | Fire Flow Required                 | <input type="checkbox"/> | <input type="checkbox"/> | Shoreline or Wetlands                |
| <input type="checkbox"/> | <input type="checkbox"/> | Site Plan                          | <input type="checkbox"/> | <input type="checkbox"/> | Covenant Approval                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Variance Required                  | <input type="checkbox"/> | <input type="checkbox"/> | Regulated Slopes                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Plat Facts and Findings Compliance | <input type="checkbox"/> | <input type="checkbox"/> | Survey in File                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Fill on Site                       |                          |                          |                                      |

Received and Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

### (Engineering Department Checklist for Completeness)

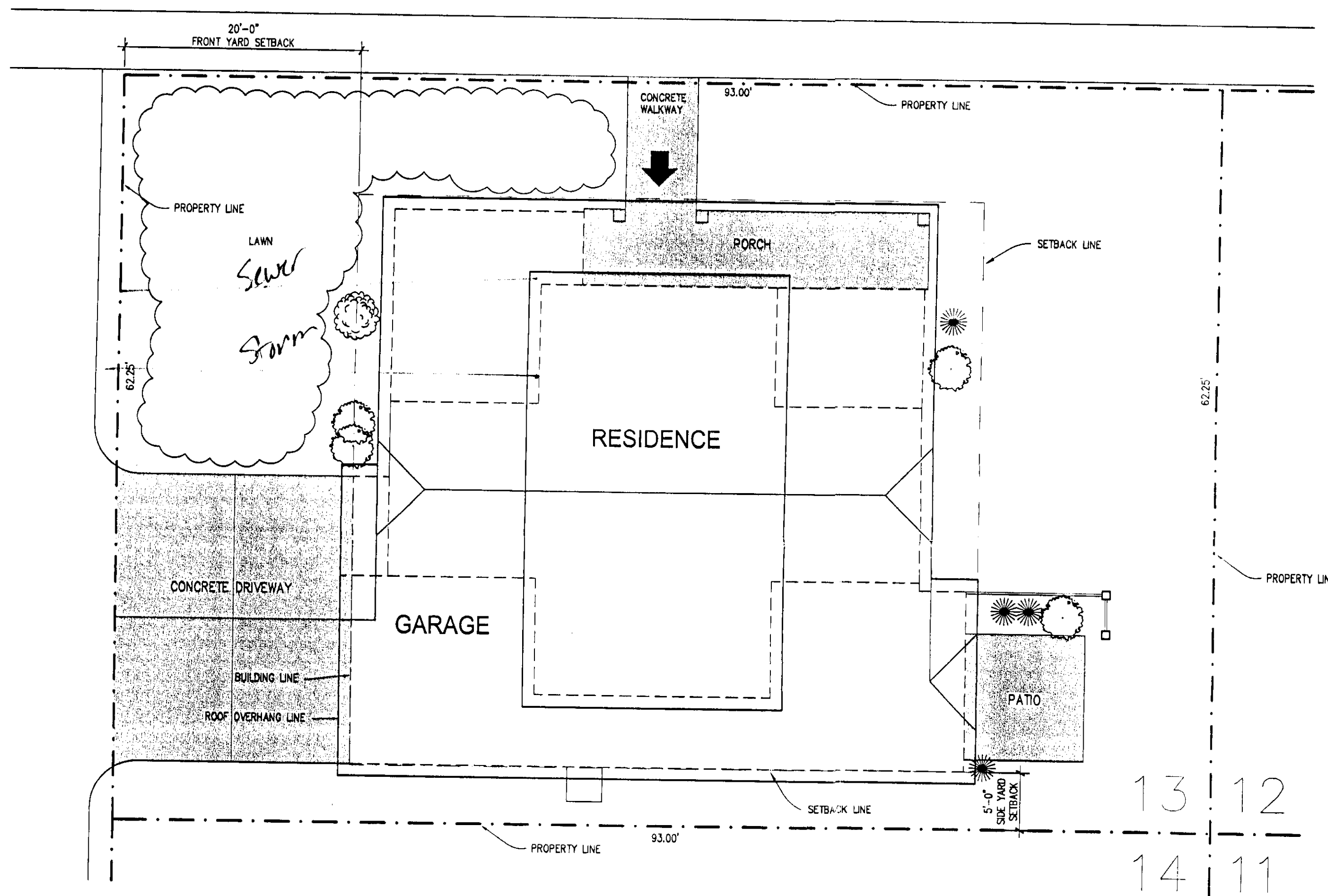
- | OK                                  | NA                       |                                   | OK                                  | NA                       |                                   |
|-------------------------------------|--------------------------|-----------------------------------|-------------------------------------|--------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Water Extension/Meter             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Sewer Extension/Connection        |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Street Improvements/Sidewalks     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Site Drainage Plan                |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Covenant Not to Oppose Future LID | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Latecomers Agreement              |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Street Drainage                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Driveway location, slope, culvert |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Storm Drain Extension             |                                     |                          |                                   |

Received and Reviewed by: D. Walden Date: 6-24-04

### FURTHER COMMENTS

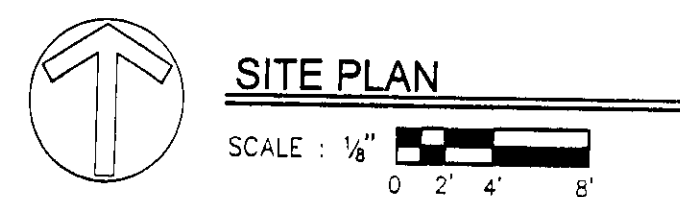
Zoning: R1  
 Lot Size: 5,789 SF  
 Coverage Allowed: 2026 SF.  
 Actual Coverage: 2,024 SF

LANDSCAPE LEGEND	
	NORWAY MAPLE 2" CALIPER ACER PLATANOIDES
	EUROPEAN WHITE BIRCH 8-10' BETULA PENDULA
	RED JAPANESE MAPLE 4-5' ACER PALMANTUM "ATROPURPUREUM"
	DAVID VIBURNUM 2 GAL. VIBURNUM DAVIDII
	DWARF RHODODENDRON 2 GAL.
	DECIDUOUS AZALEA 2 GAL.
	LIRIOPE SPICATOR "CREEPING LILY-TURF"
	VINVA MAJOR "BIG PERIWINKLE"



FIR CREST BLVD

LOT 13  
FIR CREST



**BUILDING INFORMATION**

- OWNER  
STRANDBERG CONSTRUCTION INC.  
P.O. BOX 319  
ANACORTES, WA 98221  
PHONE 360-293-7431  
FAX 360-299-8860
- BUILDING  
MODEL: H2  
FLOOR AREA = 1479 SF  
GARAGE AREA = 555 SF
- SITE  
LOT 13, FIR CREST
- ZONING PUD
- SETBACKS  
SEE SITE PLAN
- HEIGHT  
MAX. ALLOWED: 35'  
PROPOSED: 23' ± 6"
- PARKING  
PARKING SPACES PROVIDED = 2 IN GARAGES

**BUILDING CODE**

- OCCUPANCY TYPES  
R-3 OCCUPANCY
- RATINGS BASED ON DISTANCE TO PROPERTY LINES (TABLE 5A)  
NO RATED WALLS OR OPENINGS REQUIRED
- CONSTRUCTION TYPE - TYPE V-N
- ALLOWABLE BUILDING AREA (TABLE 5B) = UNLIMITED

**CODES**

- UNIFORM BUILDING CODE - 1997 EDITION
- UNIFORM MECHANICAL CODE - CURRENT EDITION
- UNIFORM PLUMBING CODE - CURRENT EDITION
- UNIFORM ELECTRICAL CODE - CURRENT EDITION
- WASHINGTON STATE ENERGY CODE - CURRENT EDITION
- LOCAL ORDINANCES - CURRENT EDITION

**GENERAL NOTES**

- ALL POTENTIAL CONTRACTORS SHALL THOROUGHLY FAMILIARIZE THEMSELVES WITH JOB CONDITIONS BEFORE BIDDING TO ENSURE THAT THEY UNDERSTAND THE SCOPE OF THE WORK. ANY CONDITIONS WHICH ARE NOT CLEAR OR ARE DIFFERENT THAN REQUIRED BY CODE SHALL BE BROUGHT TO THE ATTENTION OF THE DESIGNER PRIOR TO BIDDING THE WORK. DO NOT SCALE OFF DRAWINGS. NOTIFY THE DESIGNER IMMEDIATELY OF ANY DISCREPANCY IN DIMENSIONS.
- SPECIFIC NOTES AND DETAILS SHALL TAKE PRECEDENCE OVER GENERAL NOTES AND TYPICAL DETAILS.
- DIMENSIONS SHALL SUPERCEDE SCALE, AND ARE MEASURED FROM EDGE OF STUD.
- ALL WORK SHALL CONFORM TO THE LATEST APPROVED EDITION OF THE FOLLOWING STANDARDS: UNIFORM BUILDING CODE UNIFORM MECHANICAL CODE UNIFORM ELECTRICAL CODE UNIFORM PLUMBING CODE LOCAL CODES AND ORDINANCES.

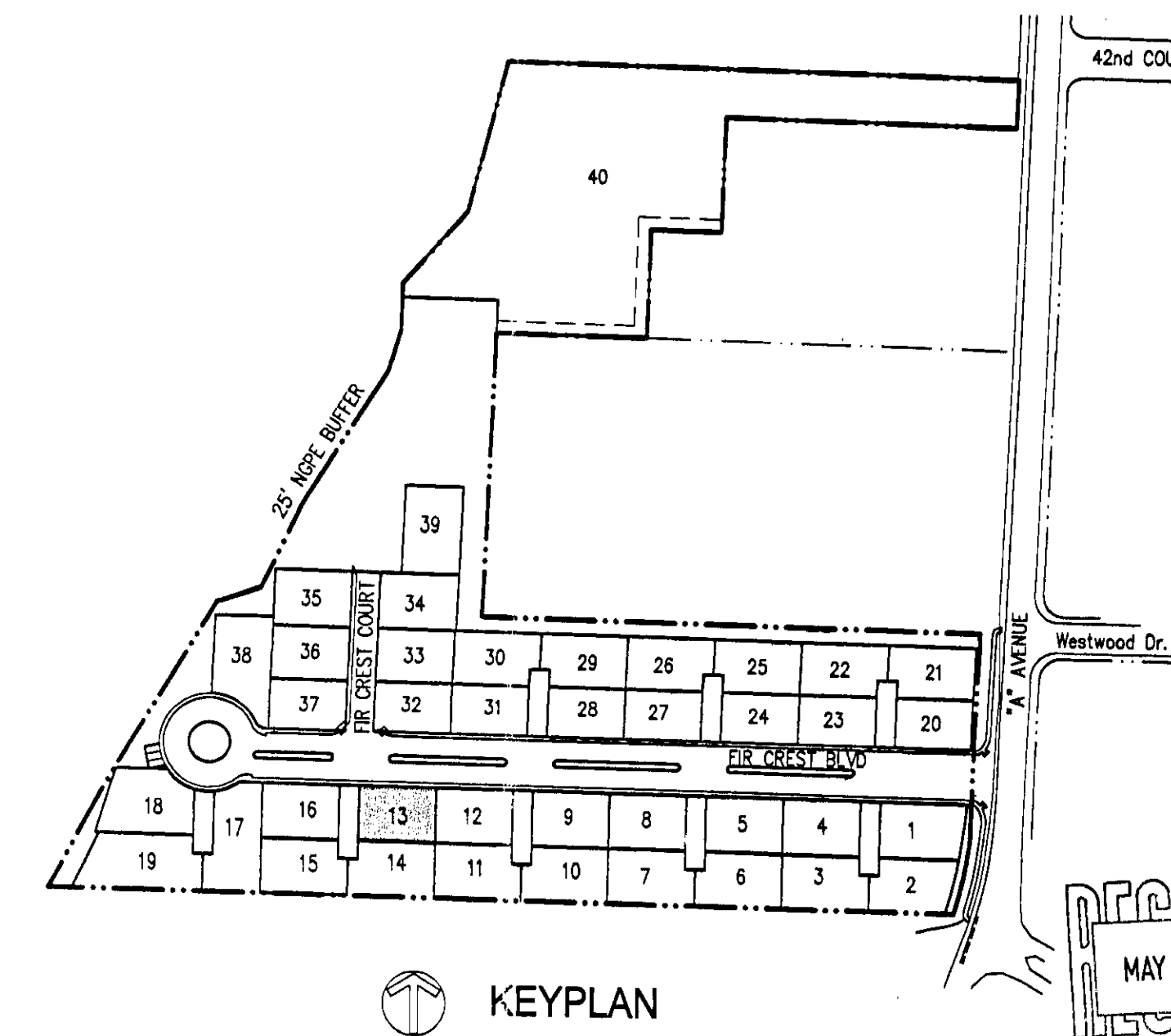
**Fidalgo Island Architects LLC**

909 Seventh Street  
Anacortes, WA 98221  
360-588-0471  
MIKE UNDERWOOD  
E-mail: mikeunderwood@isomedia.com  
PAUL SCHWULST  
E-mail: paulschwulst@isomedia.com

**NOTES**

**DRAWING INDEX**

A1.1	SITE PLAN TITLE SHEET PROJECT INFO
A2.1	FOUNDATION PLAN FOUNDATION DETAILS FLOOR FRAMING PLAN
A3.1	MAIN FLOOR PLAN LATERAL PLAN
A3.2	UPPER FLOOR PLAN LATERAL PLAN
A4.1	MAIN FLOOR FRAMING PLAN LOWER ROOF FRAMING PLAN
A4.2	UPPER ROOF FRAMING PLAN
A5.1	BUILDING SECTIONS
A5.2	WALL SECTIONS
A6.1	BUILDING ELEVATIONS
A7.1	DETAILS
SP1	GENERAL NOTES



**STRANDBERG Construction INC**

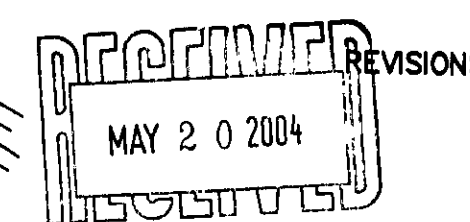
Anacortes, WA

FIR CREST LOT 13  
H2

TITLE SHEET  
SITE PLAN  
PROJECT INFO

DATE 5/5/04 SHEET

A1.1



2611 Fir Crest Rd Blvd.