

BUILDING PERMIT

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

PERMIT NO.: BLD93-0094
 APPLIED: 04/05/93
 ISSUED: 04/16/93
 EXPIRES: 04/16/94

SITE ADDRESS: 1419 KELLOGG
 ASSESSOR'S PARCEL NO.: 3807-107-010-0000

PROJECT DESCRIPTION: **New Single Family Residence**

OWNER JOHN WICKLINE 901 20TH ANACORTES WA 98221 293-7823	CONTRACTOR INC 901 20TH STREET ANACORTES WA 98221 293- BAALBA0188KH	LENDER
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TYPE OF WORK.....:NEW	AREA (sf)-----	VALU...\$: 138000
TYPE OF USE.....:SF	LOT.....: 0	REQUIRED SETBACKS----
CENSUS CATEGORY.....:101	1ST FLR.....: 1626	FRONT.....: 20 ft
ZONING-----	2ND FLR.....: 0	SIDE.....: 15 ft
:RL :	BASEMENT.....: 812	REAR.....: 20 ft
OCCUPANCY GROUP-----	GAR/CARPORT...: 0	REQUIRED PARKING--
:R3 :? :? :? :	OTHER.....: 0	TOTAL.....: 0
TYPE OF CONSTRUCTION-----	NUMBER OF UNITS.....: 1	HANDICAPPED: 0
:5N :? :? :? :	STORIES.....: 1	COMPACT.....: 0
OCCUPANT LOAD-----	BUILDING HEIGHT.: 0 ft	IMPRV SURF.: 0 sf
: 0: 0: 0: 0:		

FEES	NOTES
Code Amount---- By- Date---- Receipt	
PLCK \$ -100.00 MD 04/16/93 1076	
PLCK \$ 343.20 MD 04/16/93 1076	
PRMT \$ 528.00 MD 04/16/93 1076	
STBC \$ 4.50 MD 04/16/93 1076	
SEWR \$ 2972.00 MD 04/16/93 1076	
MISC \$ 20.00 MD 04/16/93 1076	
INSP \$ 50.00 MD 04/16/93 1076	
TOTAL \$ 3817.70	

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

MW Balbo
 Applicant or Owner's Signature

24 Hour Notice Required For All Inspections

CITY OF ANACORTES
MUNICIPAL BUILDING
904 6TH STREET
(360) 293-1908
FINANCE DEPARTMENT

REG-RECEIPT:03-0106526 C:Jun 04 2001
CASHIER ID:M 1:37 pm A:Jun 04 2001

1120 BUILDING PERMIT FE	\$38.50
3042 DTGSU STATE BUILDI	\$4.50

TOTAL DUE	\$43.00
RECEIVED FROM:	
JOHN WICKLINE	
CHECK:	\$43.00

TOTAL TENDERED	\$43.00

CHANGE DUE	\$0.00

PLUMBING PERMIT

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

PERMIT NO.: **PLM93-0028**
 APPLIED: **04/05/93**
 ISSUED: **04/16/93**
 EXPIRES: **04/16/94**

SITE ADDRESS: **1419 KELLOGG**
 ASSESSOR'S PARCEL NO.: **3807-107-010-0000**

PROJECT DESCRIPTION: **New Single Family Residence**

OWNER JOHN WICKLINE 901 20TH ANACORTES WA 98221 293-7823	CONTRACTOR
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TYPE OF WORK.....:NEW	KIT SINKS W/DISP: 1	WTR PIPING/TREAT: 0
TYPE OF USE.....:RES	WASHING MACHINES: 1	HOSE BIBBS.....: 0
WATER CLOSETS....: 3	ELEC WTR HEATERS: 0	GREASE TRAPS.....: 0
BATH TUBS.....: 2	LAUNDRY TRAYS...: 0	ADD'L FIXTURES...: 0
SHOWERS.....: 2	URINALS.....: 0	
DISHWASHERS.....: 1	WASTE INTERCEPT.: 0	
LAVATORIES.....: 3	DRINKING FOUNT...: 0	
	FLOOR DRAINS.....: 0	

FEES Code Amount---- By- Date---- Receipt PRMT \$ 111.00 MD 04/16/93 1076 TOTAL \$ 111.00	NOTES <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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 Issued by

 Applicant or Owner's Signature

24 Hour Notice Required For All Inspections

MECHANICAL PERMIT

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

PERMIT NO.: MEC93-0062
 APPLIED: 04/05/93
 ISSUED: 04/16/93
 EXPIRES: 04/16/94

SITE ADDRESS: 1419 KELLOGG
 ASSESSOR'S PARCEL NO.: 3807-107-010-0000

PROJECT DESCRIPTION: **New Single Family Residence**

OWNER JOHN WICKLINE 901 20TH ANACORTES WA 98221 293-7823	CONTRACTOR
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TYPE OF WORK...:NEW 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...: 3 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.: 0 GAS WTR HEATERS: 1 STOVE, APPLI...: 0 FIRE LOG/LITE...: 0 WOODSTOVES.....: 0 OTHER UNITS.....: 0 GAS OUTLETS.....: 1
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FEES Code Amount---- By- Date---- Receipt PRMT \$ 53.00 MD 04/16/93 1076 TOTAL \$ 53.00	NOTES <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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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.

 Issued by Applicant or Owner's Signature

24 Hour Notice Required For All Inspections



**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: 1419 Kellogg
STREET & NUMBER

Owner: John Wickline

Constructed By: Palbas Inc.
OWNER OR CONTRACTOR

Bldg. Permit # 0094 Date Of Issue: 4-16-93

Occ. Group: R3 Use Zone: RL

Has Been Inspected And Occupancy Is Hereby Authorized,

This 31st Day Of August 19 93

Don Meason
AUTHORIZING OFFICIAL

SEE REVERSE SIDE FOR SPECIAL REQUIREMENTS.

BUILDING PERMIT

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

PERMIT NO.: BLD2001-00165
 APPLIED: 6/4/01
 ISSUED: 6/4/01
 EXPIRES: 6/4/02

SITE ADDRESS: **1419 KELLOGG**
 ASSESSOR'S PARCEL NO.: **3807-107-010-0000**
 PROJECT DESCRIPTION: **Remove approximately 800 square feet of siding.**

<p>OWNER JOHN WICKLINE 1419 KELLOGG AVENUE ANACORTES, WA 98221</p> <p>Primary Phone: Phone 1: 293-8487</p>	<p>CONTRACTOR ESARY ROOFING & SIDING 420 PEASE ROAD BURLINGTON, WA 98233</p> <p>Primary Phone: 757-0933 Phone 1: License #: LIC ESARY*RS175KE</p>
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<p>TYPE OF WORK: ALT TYPE OF USE: SF CENSUS CATEGORY: ZONING: ? Occupancy Groups</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">1: R3</td><td style="width: 50%;">2:</td></tr> <tr><td>3:</td><td>4:</td></tr> </table> <p>Construction Types</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">1: 5N</td><td style="width: 50%;">2:</td></tr> <tr><td>3:</td><td>4:</td></tr> </table>	1: R3	2:	3:	4:	1: 5N	2:	3:	4:	<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 style="text-align: center;">NUMBER OF UNITS: STORIES: BUILDING HEIGHT: ft</p>	<p style="text-align: right;">VALUE: \$ 3,000.00</p> <p style="text-align: center;">REQUIRED SETBACKS:</p> <hr/> <p style="text-align: right;">FRONT: ft SIDE 1: ft SIDE 2: ft REAR: ft</p> <p style="text-align: center;">REQUIRED PARKING</p> <hr/> <p style="text-align: right;">TOTAL: HANDICAPPED: COMPACT: IMPRV SURF: sf</p>
1: R3	2:									
3:	4:									
1: 5N	2:									
3:	4:									

FEES				
Type	By	Date	Receipt	Amount
PRMT	MRD	6/4/01		\$38.50
STBC	MRD	6/4/01		\$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.

Michelle Deaton
 Issued by

John H. Wickline
 Applicant or Owner's Signature

CONDITIONS OF APPROVAL:

24 Hour Notice Required For All Inspections

1419 KELLOGG ST
MIKE KELLEY INSTALLER
7-30-93
S. GARRETT INSP.

