



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

Invoice/Permit #: BLD-2021-1013
Applied date: 12/17/2021
Issue date: 12/17/2021
Expire date: 06/15/2023

Job Address: 2216 35TH CT
 ANACORTES WA 98221-4718

Permit Type: Mechanical Permit
Project:

APN: P112540

Remarks: REPLACE HEAT PUMP FOR THE SAME.

Owner: CHRIS & EMILY WOLF

Contractor: ANDGAR CORPORATION

Address: 2216 35TH CT
 ANACORTES WA 98221-4718

Address: PO BOX 2708
 FERNDALE WA 98248

Phone: (360) 503-3249

Phone: (360) 366-9900

License #:

General Information:

of Heat Pumps <= 3 Hp 1

Fees:

Mechanical Permit Fees	38.20
Total Calculated:	38.20
Deposits/Receipts:	0.00
Total Due:	38.20

The issuance or granting of this permit shall not be construed to be a permit for, or approval of, any violation of this Code or any other ordinance or order of the City, of any state or federal law, or of any order, proclamation, guidance advice or decision of the Governor of this State. To the extent the issuance or granting of this permit is interpreted to allow construction activity during any period of time when such construction is prohibited or restricted by any state or federal law, or order, proclamation, guidance advice or decision of the Governor of this State, this permit shall not authorize such work and shall not be valid. The building official is authorized to prevent occupancy or use of a structure where in violation of this Code, any other City ordinances of this jurisdiction or any other ordinance or executive order of the City, or of any state or federal law, or of any order, proclamation, guidance advice or decision of the Governor. The building official is authorized to suspend or revoke this permit if it is determined to be issued in error or on the basis of incorrect, inaccurate or incomplete information, or in violation of any City ordinance, regulation or order, state or federal law, or any order, proclamation, guidance or decision of the Governor. This permit becomes null and void if work or construction authorized is not commenced within 180 days or if construction work is suspended or abandoned for a period of 180 days at any time after work is commenced. I have read and examined this application and know the same to be true and correct.

 SIGNATURE OF OWNER OR AUTHORIZED AGENT

 ISSUED BY



PLANNING, COMMUNITY, & ECONOMIC DEVELOPMENT DEPARTMENT

PLUMBING & MECHANICAL PERMIT APPLICATION

Mailing Address: P.O. Box 547, Anacortes, WA 98221

Office Location: 904 6th Street, Anacortes WA 98821

Phone: (360) 293-1901, Fax: (360) 293-1938

buildingpermit@cityofanacortes.org

PLEASE REFER TO THE PLUMBING & MECHANICAL PERMIT CHECKLIST FOR SUBMITTAL REQUIREMENTS

PROJECT ADDRESS (Street, Suite #): 2216 35th Ct Anacortes, WA 98221		Parcel(s) #: P112540	
Subdivision/Lot #:		Residential <input type="checkbox"/> Commercial <input type="checkbox"/>	
APPLICANT: ANDGAR MECHANICAL LLC		Phone: 360-366-9900	Fax: 360-366-5800
Address (Street, City, State, Zip): PO Box 2708 Ferndale, WA 98248		E-Mail Address: corporate@andgar.com	
PROPERTY OWNER: Emily Wolf		Phone: 360-503-3249	Fax:
Address (Street, City, State, Zip): 2216 35th Ct Anacortes, WA 98221		E-Mail Address: goodbroccoli@gmail.com	
CONTACT PERSON: Marla Raske		Phone: 360-366-9900	Fax: 360-366-5800
Address (Street, City, State, Zip): PO Box 2708 6920 Salashan Pkwy, A-102 Ferndale, WA 98248		E-Mail Address: corporate@andgar.com	
CONTRACTOR:* Andgar Corporation		Phone: 360-366-9900	Fax: 360-366-5800
Address (Street, City, State, Zip): 6920 Salashan Pkwy A-102 Ferndale, WA 98248		E-Mail Address: corporate@andgar.com	
*All Contractors & subcontractors must have a valid City of Anacortes business license prior to doing work in the City. Contact the City's Finance Department at (360) 299-1968.		Contractor's License # ANDGAML825N3	Exp. Date: 07/31/2022
		Business License #: 600100192	Exp. Date: 05/31/2022
Is this work, associated with another project? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, specify:			
PROPOSED WORK: _____ SINGLE FAMILY RESIDENTIAL - REPLACE HP LIKE IN KIND _____ _____ _____			
I declare under penalty of perjury that the information I have provided on this form/application is true, correct, and complete, and that I am the property owner or duly authorized agent of the property owner to submit a permit application to the City of Anacortes.			
Print Name: Marla J Raske		Owner <input type="checkbox"/> Agent <input checked="" type="checkbox"/> (specify): Contractor	
Signature: Marla J Raske		Date: 12/17/2021	

MECHANICAL:

Equipment Type:	Appliance/Equipment Information (new and relocated):	Total #:
Furnace:	Gas # _ Elec # _ Other: _____ # _____ BTUs: <100k >100k _ Location(s) _____	
Wall Heater:	Gas # _ Elec # _ Other: _____ # _____ BTUs: <100k>100k _ Location(s) _____	
Air Handler:	Gas # _ Elec # _ Other: _____ # _____ BTUs: <100k>100k _ Location(s) _____	
Water Heater:	Gas # _ Elec # _ Other: _____ # _____ BTUs: <100k>100k _ Location(s) _____	
AC Unit / Boiler / Heat Pump / Roof Top Unit (Circle selected):	Gas # _ Elec # _ Other: _____ # _____ BTUs: _____ <100k, _____ 100k-500k, _____ 500k-1Mil HP: _____ <3, _____ 3-15, 15-30 Location(s) _____	1
Hydronic Heating:	Gas # _ Elec # _ In-Floor __ Wall Radiant __ Boiler BTUs: _____ Location _____	
Exhaust Fans (single duct):	Bath # __ Kitchen # __ Laundry # __ Other: _____ # _____	
Fireplace /Insert:	Gas # _ Elec # _ Other: _____ # _____ Location(s) _____	
Stove/Range/Oven:	Gas # _ Elec # _ Other: _ # _____ Location(s) _____	
Range Hood:	# _____ Location(s) _____	
Refrigeration Unit:	Gas # _ Elec # _ Other: _ # _____ Location(s) _____	
Outdoor BBQ:	Gas # _ Elec # _ Other: _ # _____ Location(s) _____	
Clothes Dryer & Duct:	Gas # _ Elec # _ Other: _ # _____ Location(s) _____	
Gas Piping:	# _____ Location(s) _____	
Other:	# _____ Location(s) _____	
	# _____ Location(s) _____	
TOTAL OUTLETS:		4

PLUMBING FIXTURES:

Fixture Type (new and relocated):	Total #:	Fixture Type (new and relocated):	Total #:
Water Closet (Toilet):		Pressure Reduction Valve/Pressure Regulator:	
Urinal:		Backflow Prevention Device:	
Sink (kitchen, laundry, lavatory, hand, bar, slop, eye wash, etc.):		Water Service Line:	
Tub/Shower:		Drinking Fountain:	
Dishwasher:		Clothes Washer:	
Hose Bib:		Hydronic Heat in: Floor <input type="checkbox"/> Wall <input type="checkbox"/>	
Water Heater Tankless? Yes <input type="checkbox"/> No <input type="checkbox"/>		Grease Interceptor:	
Floor Drain / Floor Sink:		Water Piping:	
Refrigerator water supply (for water/ice dispenser):		Other:	
TOTAL OUTLETS:		TOTAL OUTLETS:	