



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

Invoice/Permit #: BLD-2018-0449
Applied date: 07/19/2018
Issue date: 08/07/2018
Expire date: 08/02/2019

Job Address: 1919 22ND ST
 ANACORTES WA 98221-2413

Permit Type: Demolition Permit
Project:

APN: P57572

Remarks: Decommissioning in-ground fuel tank in place.

Owner: MATT STEVENSON

Contractor: CASCADE WEST TANK SERVICES

Address: 1919 22ND ST
 ANACORTES WA 98221-2413

Address: 18527 28TH AVE NE
 LAKE FOREST PARK WA 98155

Phone: (360) 588-9350

Phone: (206) 364-6214

License #:

General Information:

Dwelling Units 1

Fees:

State Building Code Fee Resi	6.50
Total Calculated:	6.50
Deposits/Receipts:	0.00
Total Due:	6.50

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.



SIGNATURE OF OWNER OR AUTHORIZED AGENT



ISSUED BY

Permits and Insp... - BLD-2018-0449 - 2018
 018368-0102 Carla Br... 08/07/2018 11:47AM
 12193 - CASCADE WEST TANK SERVICES
 BLD-2018-0449 Demolition Permit
 Payment Amount:
 Transaction Amount:
 OSFIN CC: *****



PLANNING, COMMUNITY, & ECONOMIC DEVELOPMENT DEPARTMENT
DEMOLITION & OIL TANK DECOMMISSIONING 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

PLEASE REFER TO THE PERMIT CHECKLIST THAT FOLLOWS FOR SUBMITTAL REQUIREMENTS

BUILDING DEMOLITION: N/A COMPLETE BUILDING DEMOLITION
 PARTIAL DEMOLITION RESIDENTIAL COMMERCIAL
 FLOOR AREA TO BE DEMOLISHED: _____ METHOD OF DISPOSAL: _____
 DATE OF CONSTRUCTION OF STRUCTURE TO BE DEMOLISHED _____

UNDERGROUND OIL TANK DECOMMISSIONING: N/A REMOVAL
 ABANDONMENT IN PLACE (FIRE DEPT. APPROVAL RQD) SIZE OF TANK: 300 g.
 APPROXIMATE AGE OF TANK: 30+ yrs DISPOSAL LOCATON: Fill in place
 DATE OF PUMP & RINSE: _____ ICC CERT #: 8120867
 IF ABANDONED, SPECIFY TYPE OF INERT FILL: Sand

PROJECT ADDRESS (Street, Suite #): 1919 22nd St. **PARCEL(S):** P57572

APPLICANT: Cascade West Tank Services **Phone:** 206-683-3599

Address (Street, City, State, Zip): 18527 28th AVE NE LFP, WA 98155 **E-Mail Address:** Cascade West @ yahoo.com

PROPERTY OWNER: Matthew Stevenson **Phone:** _____

Address (Street, City, State, Zip): 1919 22nd St. **E-Mail Address:** _____

Address (Street, City, State, Zip): Anacortes, WA 98221 **E-Mail Address:** _____

CONTRACTOR / DECOMMISSIONER'S FIRM NAME: Cascade West Tank Services **Phone:** 206-683-3599

Address (Street, City, State, Zip): 18527 28th AVE NE LFP, WA **E-Mail Address:** Cascade West @ yahoo.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 #: <u>caslawt862CB</u>	Exp. Date: <u>8/20</u>
Business License #: _____	Exp. Date: _____

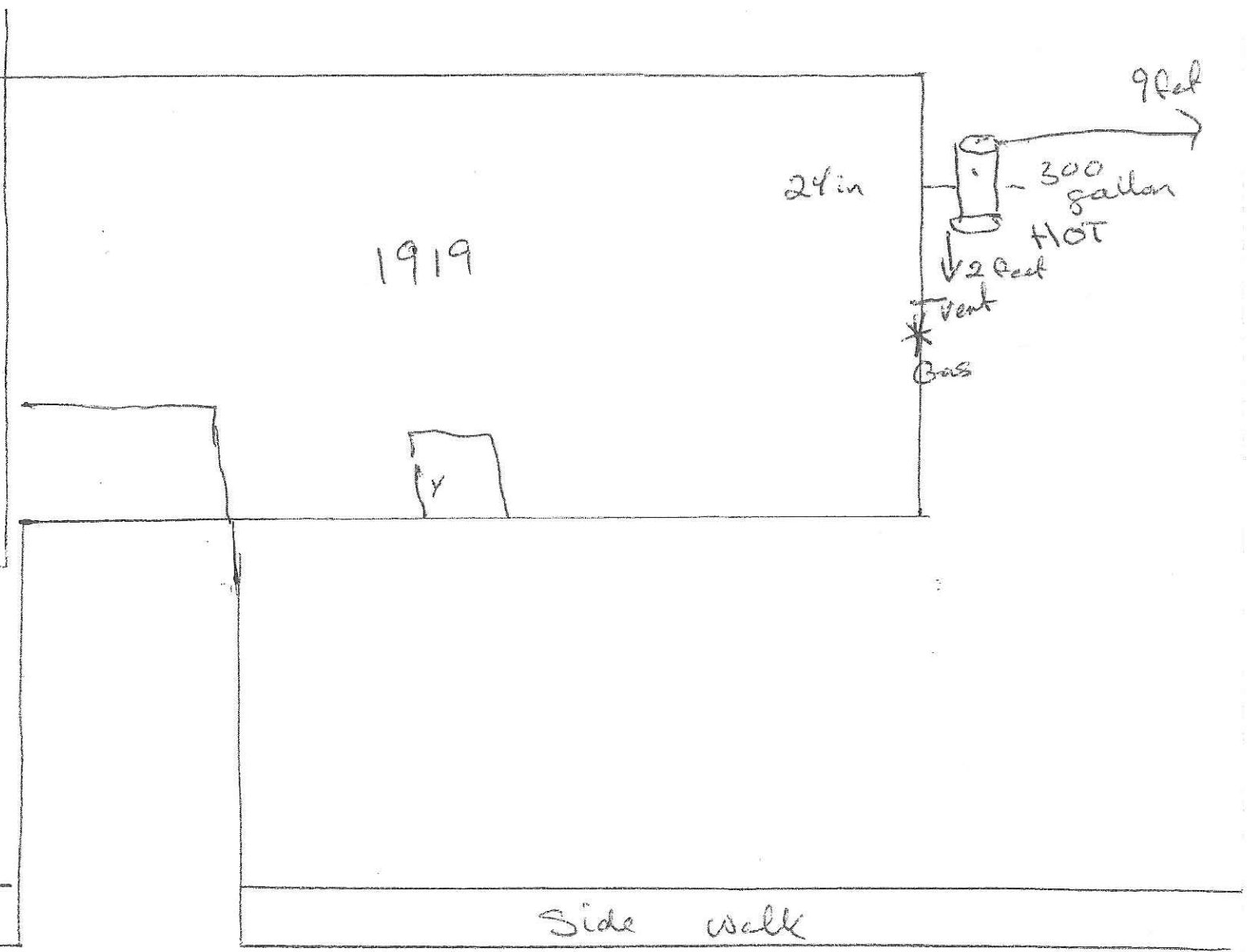
PROPOSED WORK: pump out contents, triple rinse tank w/ a depressor.
fill in place w/ sand. cut off all vent in fill pipes close w/ cement

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: Victor J Blom **Owner** **Other** (specify): Contractor
Signature: [Signature] **Date:** 7/17/2018

CASCADE WEST TANK SERVICES

Project: 1919 22 nd St. 98332	Date: 7/17/2018
Subject: Side map	Page: 1 of 1



22nd St

THIS PERMIT TO BE DISPLAYED AS REQUIRED



ANACORTES FIRE DEPARTMENT SPECIAL PURPOSE PERMIT

In accordance with the International Fire Code, Chapter 1, Section 105, and the provisions of the Fire Prevention Ordinance adopted by the City of Anacortes, Washington, this permit is hereby granted

for Tank Decommissioning

LOCATION

Address

1919 22nd St.

Anacortes, Wa 98221

Telephone

360-208-8134

Owner

Mathew S. Stevenson

CONDUCTED BY

Company Name

Pascale West Tank Services

Telephone

206-946-6910

Business Address

18527 28th Ave NE

Labu East Port, Wa 98155

CONDITIONS/RESTRICTIONS 1)

This permit is issued on the condition of compliance with all Fire Codes and Ordinances as adopted and any conditions listed above.

Signature of Requestor _____

Issue Date _____

Signature of Fire Officer _____

Expiration Date _____