



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

Invoice/Permit #: BLD-2018-0637
Applied date: 10/10/2018
Issue date: 10/10/2018
Expire date: 04/07/2020

Job Address: 2316 12TH ST
 ANACORTES WA 98221-2014

Permit Type: Mechanical Permit
Project:

APN: P56370

Remarks: Replace gas furnace with a like, in kind

Owner: SEAN NORONHA

Contractor: FOSS HEATING AND COOLING

Address: 2316 12TH ST
 ANACORTES WA 98221-2014

Address: 333 E BLACKBURN RD
 MOUNT VERNON WA 98273-9006

Phone: (937) 218-1932

Phone: (360) 336-1517

License #: FOSSHCI983QA

General Information:

Forced Air Furnace <=1,000 1

Fees:

Mechanical Permit Fees	38.30
Total Calculated:	38.30
Deposits/Receipts:	0.00
Total Due:	38.30

Permits and Insp... - BLD-2018-0637 - 2018
 018443-0044 Keri Kna... 10/10/2018 12:18PM
 6033 - FOSS HEATING AND COOLING
 BLD-2018-0637 Mechanical
 Payment Amount: 38.30
 Transaction Amount: 38.30
 OSFIN CC: *****

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS OF
 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



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

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

PROJECT ADDRESS (Street, Suite #): 2316 12th St		Parcel(s) #: P56370	
Subdivision/Lot #: 14, 15		Residential <input checked="" type="checkbox"/> Commercial <input type="checkbox"/>	
APPLICANT: Foss Heating		Phone: 360 336 1517	Fax:
Address (Street, City, State, Zip): 333 E Blackburn Rd Mt. Vernon WA 98273		E-Mail Address: orders@fossheating.com	
PROPERTY OWNER: Sean Noronha		Phone: 937 218 1938	Fax:
Address (Street, City, State, Zip): 2316 12th St Anacortes, WA 98221		E-Mail Address: sean.j.noronha@gmail.com	
CONTACT PERSON: Sean Noronha		Phone:	Fax:
Address (Street, City, State, Zip):		E-Mail Address:	
CONTRACTOR*: Foss Heating		Phone:	Fax:
Address (Street, City, State, Zip):		E-Mail Address:	
*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 # FOSSHC19858A	Exp. Date: 11/1/18
		Business License #: 887	Exp. Date: 11/1/18
Is this work, associated with another project? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, specify:			
PROPOSED WORK: Replac furnace with like			
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: Kyle Lawrence		Owner <input type="checkbox"/> Agent <input checked="" type="checkbox"/> (specify): warehouse	
Signature: [Signature]		Date: 10/9/18	

MECHANICAL:

Equipment Type:	Appliance/Equipment Information (new and relocated):	Total #:
Furnace:	Gas # <u>1</u> Elec # <u> </u> Other: <u> </u> # <u>5</u> BTUs: <100k >100k Location(s) <u> </u>	<u>1</u>
Wall Heater:	Gas # <u> </u> Elec # <u> </u> Other: <u> </u> # <u> </u> BTUs: <100k>100k Location(s) <u> </u>	
Air Handler:	Gas # <u> </u> Elec # <u> </u> Other: <u> </u> # <u> </u> BTUs: <100k>100k Location(s) <u> </u>	
Water Heater:	Gas # <u> </u> Elec # <u> </u> Other: <u> </u> # <u> </u> BTUs: <100k>100k Location(s) <u> </u>	
AC Unit / Boiler / Heat Pump / Roof Top Unit (Circle selected):	Gas # <u> </u> Elec # <u> </u> Other: <u> </u> # <u> </u> BTUs: <u> </u> <100k, <u> </u> 100k-500k, <u> </u> 500k-1Mil HP: <u> </u> <3, <u> </u> 3-15, <u> </u> 15-30 Location(s) <u> </u>	
Hydronic Heating:	Gas # <u> </u> Elec # <u> </u> In-Floor <u> </u> Wall Radiant <u> </u> Boiler BTUs: <u> </u> Location <u> </u>	
Exhaust Fans (single duct):	Bath # <u> </u> Kitchen # <u> </u> Laundry # <u> </u> Other: <u> </u> # <u> </u>	
Fireplace /Insert:	Gas # <u> </u> Elec # <u> </u> Other: <u> </u> # <u> </u> Location(s) <u> </u>	
Stove/Range/Oven:	Gas # <u> </u> Elec # <u> </u> Other: <u> </u> # <u> </u> Location(s) <u> </u>	
Range Hood:	# <u> </u> Location(s) <u> </u>	
Refrigeration Unit:	Gas # <u> </u> Elec # <u> </u> Other: <u> </u> # <u> </u> Location(s) <u> </u>	
Outdoor BBQ:	Gas # <u> </u> Elec # <u> </u> Other: <u> </u> # <u> </u> Location(s) <u> </u>	
Clothes Dryer & Duct:	Gas # <u> </u> Elec # <u> </u> Other: <u> </u> # <u> </u> Location(s) <u> </u>	
Gas Piping:	# <u> </u> Location(s) <u> </u>	
Other:	# <u> </u> Location(s) <u> </u>	
	# <u> </u> Location(s) <u> </u>	
TOTAL OUTLETS:		<u>1</u>

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:	