

TOWN OF BUCODA

P O Box 19 / 110 N Main Street
Bucoda, WA 98530
(800) 278-3525

FAX (800) 278-3525

PERMIT NO. 338

24 HOUR NOTICE REQUIRED FOR ALL
INSPECTIONS: CALL (800) 278-3525

APPLICANT

Job Address <u>303 N. MARKET ST.</u> <u>BUCODA, WA. 98530</u>		Parcel # <u>61800300900</u>	Valuation <u>\$3,150⁰⁰</u>
Contact Person <u>Gale Culbert</u>	Mailing Address <u>5833 ST HWY 303 NE STE 101 BREMERTON 98311</u>		Phone <u>(360) 698-0260</u>
Owner <u>COLEEN M. LEIGH</u>	Mailing Address <u>303 N. MARKET ST. BUCODA, WA 98530</u>		Phone
Architect/Designer	Mailing Address		Phone
Contractor <u>CIGANSKY NORTHWEST, INC.</u>	Mailing Address <u>5833 ST. HWY 303 NE STE 101 BREMERTON, WA. 98311</u>		Phone <u>(360) 698-0260</u>
Lender Information	Mailing Address		Phone
Type of Permit <input checked="" type="checkbox"/> USFR <input type="checkbox"/> Commercial <input type="checkbox"/> Mechanical <input type="checkbox"/> Sign <input type="checkbox"/> Multi-Family <input type="checkbox"/> Church/School <input type="checkbox"/> Plumbing <input type="checkbox"/> Other		Class of Work <input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Move <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Demo	
DESCRIBE WORK <u>INSTALL 4 SMART VENT FLOOD VENTS</u>			

Type of Construction	No. of Stories
Occupancy Group	Floor Area
Building Height	Use Zone
Occupant Load	

I hereby certify that I have read and examined this application and know that same to be true and correct. All provisions of law or ordinances governing this type of work will be complied with whether specified herein or not. The granting of this permit does not presume to give authority to violate or cancel the provisions of any other State or Local law regarding construction or the performance of construction.

9/31/15
Date

Gale Culbert President
Applicant CIGANSKY NW INC.

NOTICE TO APPLICANT

This permit becomes null and void if the work or construction authorized is not commenced within one year or if work construction is suspended or abandoned for six months at any time after work is commenced or if work is not completed within one year from date of issue.

All work shall be done in accord with the approved plans except where such approval is in conflict with other codes. The approved plans shall not be changed or modified without the prior approval of the Building Official.

It is the responsibility of the permittee to obtain the required inspections. Failure to notify this department that the work is ready for inspection may necessitate the removal of some of the construction material at the owner's expense in order to perform such inspection.

PERMIT IS APPROVED FOR WORK DESCRIBED ABOVE IN ACCORD WITH THE APPROVED PLANS AND SPECIFICATIONS.

☐ See Attached Conditions

9/12/15
Date

Ron Kemp

Building Official

FOR INTERNAL USE ONLY

RECEIPTS	Date	Amount	Receipt No.

Verified ☐ Business Lic ☐ Copy L&I Contractor Lic

DATE FINALED:

BUILDING

Building Permit Fee	123.75
Plan Review Fee	80.44
State Surcharge	4.50
Engineering Review	
Sign Permit Fee	
Clearing/Grading	
Other	
Total	208.69

PLUMBING

NO.	ITEM	FEE
	Permit Fee	
	Water Closet-Urinal	
	Sink-Fountain	
	Tub-Shower	
	Kitchen Washer-Dishwasher	
	Laundry/Fire Sprinkler	
	Pool-Hot Tub	
	Plan Review Fee (85%)	
	Total	

MECHANICAL

NO.	ITEM	FEE
	Permit Fee	
	Forced Air Heat BTU	
	Floor-Wall Heater	
	Boiler or Heat Pump	
	Air conditioner-Unit Cooler	
	Ventilation Sys-Exhaust Hood	
	Wood Stove	
	Gas Piping	
	Water Heater-Floor Drain	
	Plan Review Fee (85%)	
	Total	

Total Fees Due 208.69
Paid to Date 9/18/15
Balance Due 6