

TOWN OF BUCODA

P O Box 10 / 110 N Main Street
 Bucoda, WA 98530
 (360) 278-3525 FAX (360) 278-3526

PERMIT NO. **359**

24 HOUR NOTICE REQUIRED FOR ALL
 INSPECTIONS: CALL (360) 278-3525

APPLICANT

Job Address 104 South Market St. BUCODA	Parcel # 64110800500	Valuation 3,942⁵⁰
Contact Person GATE CULBERT	Mailing Address 5883 ST HWY 303 NE STE 101 BUCODA 98311	Phone 360-698-0260
Owner JONATHAN MITCHELL	Mailing Address 104 SO. MARKET ST. BUCODA.	Phone
Architect/Designer N/A	Mailing Address	Phone
Contractor CLANSKALE NORTHWEST INC.	Mailing Address 5883 ST. HWY 303 NE STE 101 BUCODA 98311	Phone 360-698-0260
Lender Information N/A	Mailing Address	Phone

Type of Permit: SFR Commercial Mechanical Sign
 Multi-Family Church/School Plumbing Other

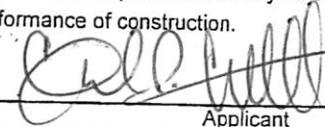
Class of Work: New Alteration Move
 Addition Repair Demo

DESCRIBE WORK: **INSTALL FOOD VENT IN SFR FOUNDATION**

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

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

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 of the performance of construction.

10/7/16 Date  Applicant

PLUMBING		
NO.	ITEM	FEE
	Permit Fee	
	Water Closet-Urinal	
	Sink-Fountain	
	Tub-Shower	
	Clothes Washer-Diswasher	
	Lawn/Fire Sprinkler	
	Pool-Hot Tub	
	Plan Review Fee (65%)	
	Total	

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 one year 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 owners expense in order to perform such inspection.

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 (65%)	
	Total	

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

 Date Building Official

FOR INTERNAL USE ONLY			
RECEIPTS	Date	Amount	Receipt No.
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Total Fees Due **208.69**
 Paid to Date **208.69**
 Balance Due **0**

Verified: Business Lic Copy L&I Contractor Lic#

DATE FINALED: **11/22/16**