

# TOWN OF BUCODA

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

FAX (360) 278-3526

PERMIT NO. **347**

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

APPLICANT

Job Address <b>301 MARKET ST. BUCODA, 98530</b>		Parcel # <b>64121700700</b>	Valuation <b>6,300<sup>00</sup></b>
Contact Person <b>GAVE CULBERT</b>	Mailing Address <b>5883 ST. HWY 303 NE STE 101 Broomfield 98311</b>		Phone <b>360-698-0260</b>
Owner <b>RAYMOND RICHTER</b>	Mailing Address <b>P.O. Box 264 BUCODA, 98530</b>		Phone
Architect/Designer <b>N/A</b>	Mailing Address		Phone
Contractor <b>CLANSPARK N/W INC.</b>	Mailing Address <b>5883 ST. HWY 303 NE STE 101 Broomfield 98311</b>		Phone <b>360-698-0260</b>
Lender Information <b>N/A</b>	Mailing Address		Phone

Type of Permit	<input checked="" type="checkbox"/> SFR	<input type="checkbox"/> Commercial	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Sign	Class of Work	<input type="checkbox"/> New	<input type="checkbox"/> Alteration	<input type="checkbox"/> Move
	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Church/School	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Other		<input type="checkbox"/> Addition	<input checked="" type="checkbox"/> Repair	<input type="checkbox"/> Demo

DESCRIBE WORK **INSTALL FLOOD VENTS IN SFR.**

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 of the performance of construction.

**6/3/16**  
Date

  
Applicant

## NOTICE TO APPLICANT

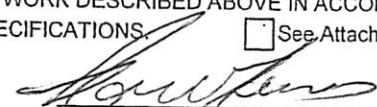
This permit becomes null and void if the work or construction authorized is not commenced within one year or if work construction is suspended or abandoned for one year at any time after work is commenced or if work is not completed within one year from date of issue.

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.

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

**6-6-16**  
Date

  
Building Official

## FOR INTERNAL USE ONLY

RECEIPTS	Date	Amount	Receipt No.

Verified: ☐ Business Lic ☐ Copy L&I Contractor Lic#

DATE FINALED **8-11-16**

## BUILDING

Building Permit Fee	<b>165.75</b>
Plan Review Fee	<b>107.74</b>
State Surcharge	
Engineering Review	
Sign Permit Fee	<b>4.50</b>
Clearing/Grading	
Other	
Total	<b>277.99</b>

## 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	

## MECHANICAL

NO.	ITEM	FEE
	Permit Fee	
	Forced Air Heat BTU	
	Floor-Wall Heater	
	Boiler or Heat Pump	
	Air conditioner-Unit Cooler	
	Ventilation Sys-Exhaust Hoo	
	Wood Stove	
	Gas Piping	
	Water Heater-Floor Drain	
	Plan Review Fee (65%)	
	Total	

Total Fees Due **277.99**  
Paid to Date **277.99**  
Balance Due