

TOWN OF BUCODA

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

PERMIT NO. ~~345~~ 348

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

APPLICANT

Job Address 103 MARTINA ST SE BULODA, 98530	Parcel # 6413 26 00502	Valuation 5,387 ⁵⁰
Contact Person GALE CULBERT	Mailing Address 5883 ST. HWY 303 NE STE 101 <i>EXEMPTED</i>	Phone 360 698-0260
Owner DONALD ROY	Mailing Address 103 MARTINA ST. BULODA, 98530	Phone
Architect/Designer N/A	Mailing Address	Phone
Contractor CLEANSITE NORTHWEST INC.	Mailing Address 5883 ST. HWY 303 NE STE 101 <i>BRIDGEWAY</i>	Phone 360-698-0260
Lender Information N/A	Mailing Address	Phone

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

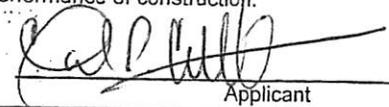
Class of Work: New Alteration Move
 Addition Repair Demo

DESCRIBE WORK: INSTALL FLOOD VENTS IN SFR & DETACHED GARAGE

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

BUILDING	
Building Permit Fee	151.75
Plan Review Fee	98.64
State Surcharge	
Engineering Review	
Sign Permit Fee	4.50
Clearing/Grading	
Other	
Total	254.89

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

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

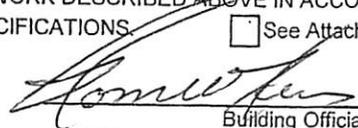
This permit becomes null and void if the work or construction authorized is not commenced within one year or if work constuction is suspended or abandoned for one year at any time after work is commenced or if work is not completed within one year from date of issue.

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 inpection.

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	

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

6-6-16 Date  Building Official

Total Fees Due 254.89
 Paid to Date 254.89
 Balance Due —

FOR INTERNAL USE ONLY			
RECEIPTS	Date	Amount	Receipt No.

Verified: Business Lic Copy L&I Contractor Lic#

DATE FINALED: 6-24-16

