

11854

729 LAUREL ST

ADDRESS:

729 Laurel Street

TAX ACCOUNT/PARCEL NUMBER:

00484500703100

BUILDING PERMIT (NEW STRUCTURE):

N/A

COVENANTS (RECORDED) FOR:

CRITICAL AREAS :

05-036

DETERMINATION:

Conditional Waiver

Study Required

Waiver

DISCRETIONARY PERMIT #'S:

DRAINAGE PLAN DATED:

PARKING AGREEMENTS DATED:

EASEMENT(S) RECORDED FOR:

PERMITS (OTHER):

ROW 91-406, 1991-1062 (MECH), 1999-0507 (TANK)  
2003-0536 (RUMB)

PLANNING DATA CHECKLIST DATED:

SCALED PLOT PLAN DATED:

3/21/05

SEWER LID FEE \$:

LID #:

SHORT PLAT FILE:

LOT:

BLOCK:

SIDE SEWER AS BUILT DATED:

SIDE SEWER PERMIT(S) #:

GEOTECH REPORT DATED:

STREET USE / ENCROACHMENT PERMIT #:

FOR:

WATER METER TAP CARD DATED:

OTHER:

Proposed Addition

Proposed Addition 150 sq ft  
 Existing House 1763 sq ft  
 Existing Carport 440 sq ft  
 Existing Driveway 2488 sq ft  
 Existing Patio 384 sq ft

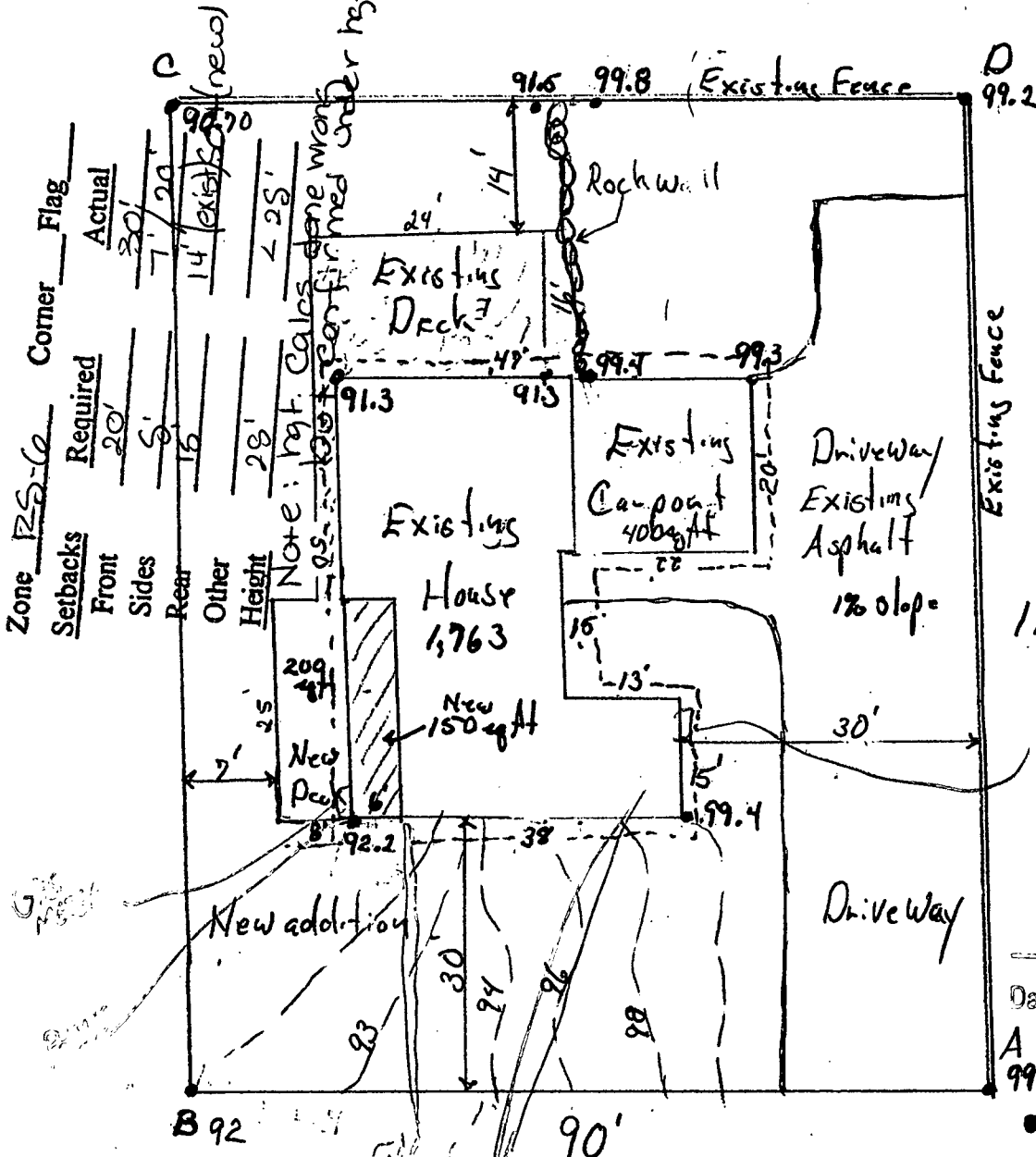
Lot Coverage - 5,225 sq ft  
 Lot Area 9,900 sq ft

B - 92  
 C 90.7  
 D 99.2

$380.90 \div 4 = 96.23$  Average + 25 = 120.23

Actual 114.20

Max. High



North ↑

APPROVED BY PLANNING  
 Star Campbell 4/1/03

ADD GUTTERS/DOWNSPOUTS AND SPLASHBLOCKS

ELECTRIC METER

APPROVED AS NOTED BY ENGINEERING  
 J. Emmell

Date: 4/1/2005

• Datum PT + 100  
 • Base of Fire Hydrant 100

Scale 1" = 20'

TELEPHONE

Lunal St.

K & N Vance  
 729 Laurel St. Edmonds

Tax # 0048500703100

STREET FILE

PROJECT SHEET 39



# City of Edmonds

## SIDE SEWER PERMIT

PERMIT NO: 10037

PERMIT EXPIRES w/ main

Address of Construction: 729 Laurel St LID # \_\_\_\_\_

Property Tax Account Parcel No. 00464500703100

Attach copies of all access and utility easements \_\_\_\_\_ Verified and Approved by \_\_\_\_\_

Owner and/or Contractor: Bill Krueger

Contractor License #: K FOUR CR 066PP 7/31/06 Building Permit #: 2005-0352

CBL# 9414

- Single Family
  - Multi-Family (No. of Units \_\_\_\_\_)
  - Commercial (No. of Units \_\_\_\_\_)
  - Public
- Invasion into City \*Right-of Way:  Yes  No
- \*RW Construction Permit # \_\_\_\_\_
- Cross other \*\*Private Property:  Yes  No
- \*\*Attach legal description and copy of recorded easement.

[Signature] Owner/Contractor 6-27-05  
Date

Owner or contractor signature and acknowledgement statement:  
By signing for this permit I certify that I have read the City's public handout entitled Side Sewer Specifications, and shall comply with all City requirements outlined therein.

**CALL DIAL-A-DIG (1-800-424-5555) BEFORE ANY EXCAVATION**  
**FOR INSPECTION CALL 425-771-0220 extension 1326**  
**24 HOUR NOTICE REQUIRED FOR ALL INSPECTION REQUESTS**

### FOR OFFICE USE ONLY

Permit Fee \$ \_\_\_\_\_ Repair Fee \$ 30

Engineer Insp  
Trunk Charge \$ 50

Assessment Fee \$ \_\_\_\_\_

City Permit Surcharge Fee \$5.00

Issued By: [Signature]

Date Issued: 6/20/05

Receipt No: 21613

Total Fees Paid \$ 95.00

**NOTE: IF JOB SITE IS NOT READY FOR INSPECTION WHEN INSPECTOR ARRIVES A \$45 RE-INSPECTION FEE WILL BE CHARGED.**

Job Site Ready YES \_\_\_\_\_ NO \_\_\_\_\_ Date: \_\_\_\_\_ Initial: \_\_\_\_\_

Partial Inspection: \_\_\_\_\_ Date: \_\_\_\_\_ Initial: \_\_\_\_\_

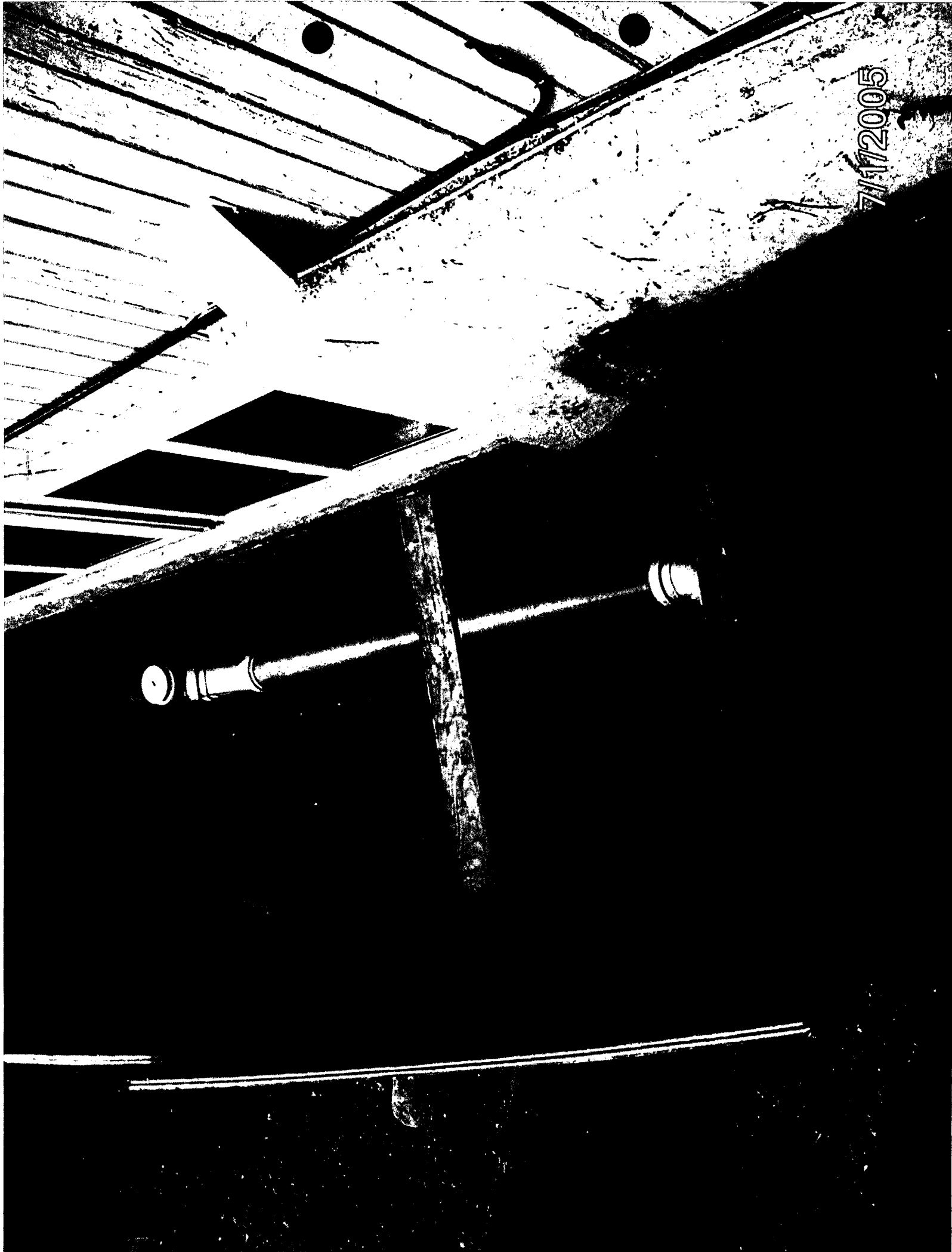
Partial Inspection: \_\_\_\_\_ Date: \_\_\_\_\_ Initial: \_\_\_\_\_

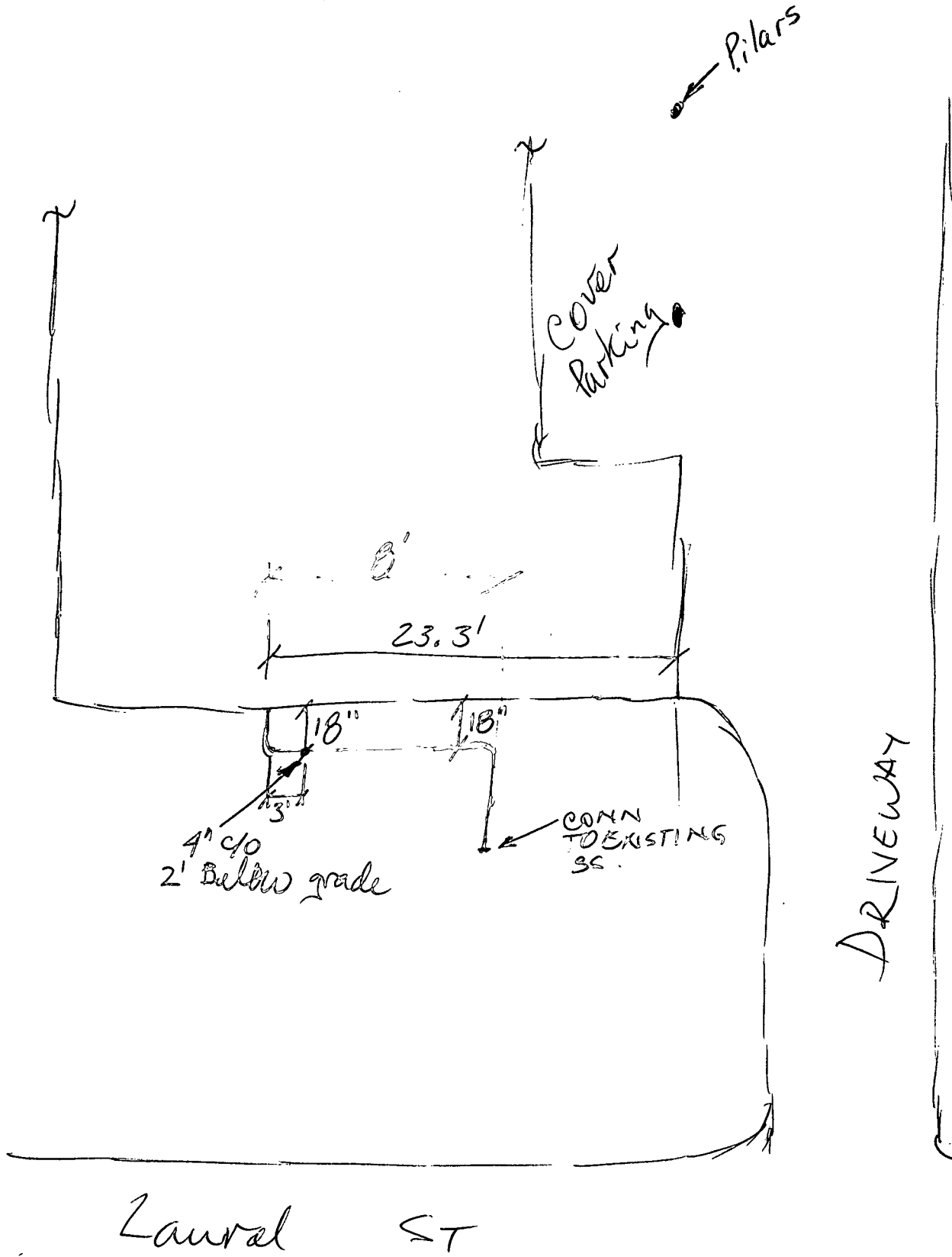
FINAL INSPECTION APPROVED: Date: 7/1/05 Initial: JH As-built to Street File:

**PERMIT MUST BE POSTED ON JOB SITE**

White Copy: File Green Copy: Inspector Buff Copy: Applicant

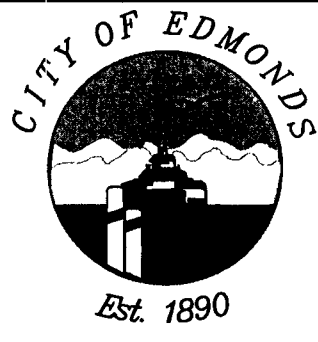
7/17/2005



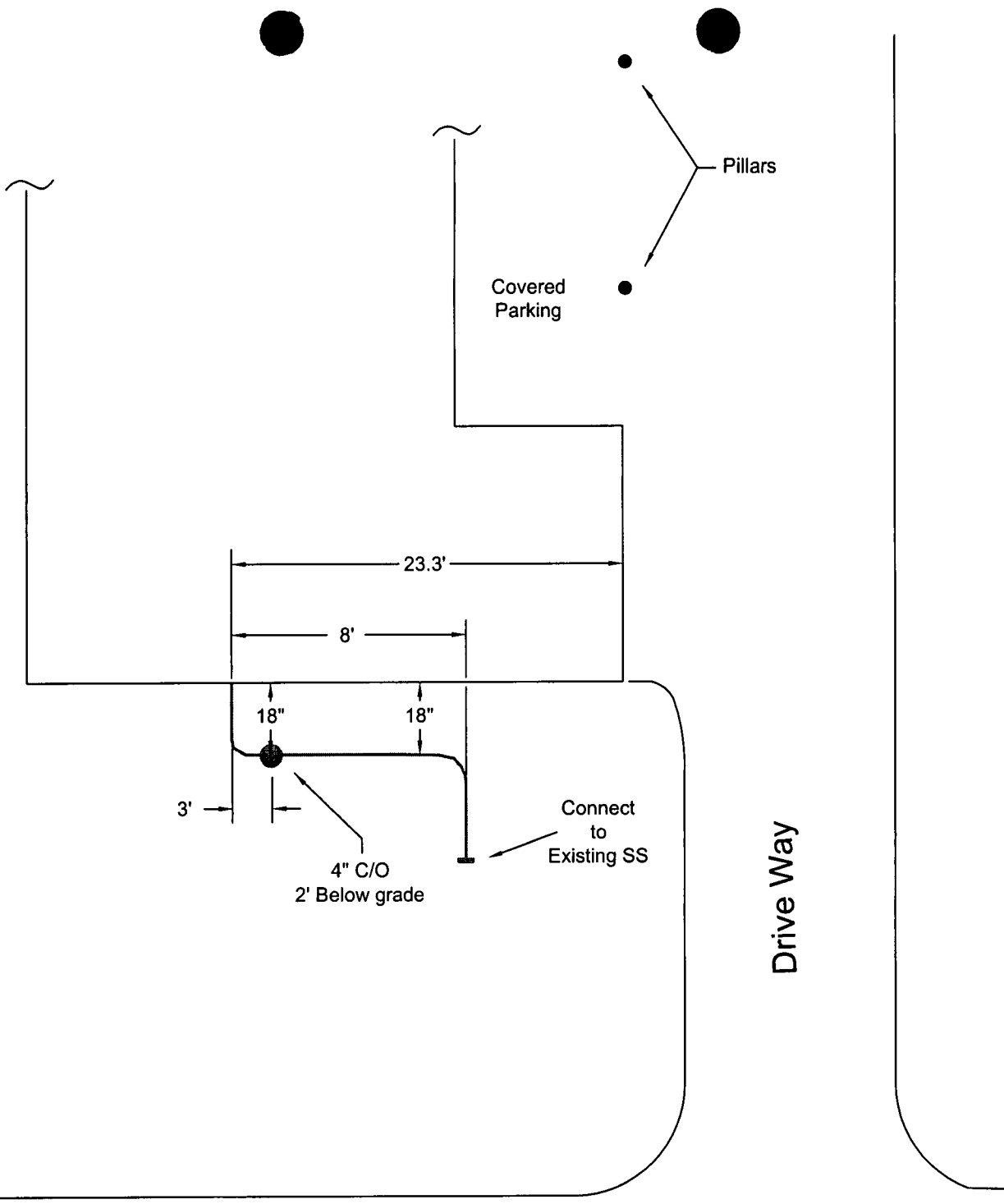


NORTH ARROW  
  
 HERE

Laurel ST

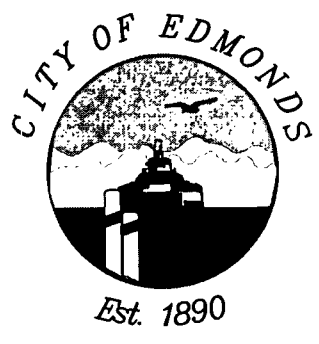


|   |                |
|---|----------------|
| SKETCH (CIRCLE ONE)<br><b>CITY OF EDMONDS SIDE SEWER / WATER AS-BUILT</b> |                |
| ADDRESS<br>729 Laurel ST  | HOMEOWNER      |
| CONTRACTOR  | SCALE<br>NTS   |
| DATE<br>7/1/05  | DRAWN BY<br>JH |
| PERMIT NO. 10037  |                |



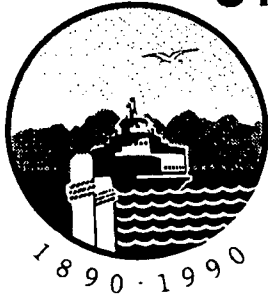
Drive Way

Laurel ST



*CITY OF EDMONDS SIDE SEWER AS-BUILT*

|                                 |                                     |                                  |  |
|---------------------------------|-------------------------------------|----------------------------------|--|
| ADDRESS<br><b>729 Laurel ST</b> |                                     | HOMEOWNER<br><b>Bill Krueger</b> |  |
| CONTRACTOR                      |                                     | SCALE<br><b>NTS</b>              |  |
| DATE<br><b>7/1/2005</b>         | DRAWN BY<br><b>Nima M.Moghaddam</b> | PERMIT NO.<br><b>10037</b>       |  |



# STREET FILE City of Edmonds RIGHT-OF-WAY CONSTRUCTION RECEIVED PERMIT

NOV 19 1991

ENGINEERING

Permit Number: 91-406  
Issue Date: 11-19-91

A. Address or Vicinity of Construction: 729 Laurel Street

B. Type of Work (be specific): Install New Service

C. Contractor: Washington Natural Gas Company Contact: Gary Swanson

Mailing Address: 815 Mercer Street, Phone: 224-2080

State License #: Seattle, WA 98111 Liability Insurance: \_\_\_\_\_ Bond: \$ \_\_\_\_\_

D. Building Permit # (if applicable): \_\_\_\_\_ Side Sewer Permit # (if applicable): \_\_\_\_\_

|  |   |
|--|---|
| <input type="checkbox"/> Commercial <input type="checkbox"/> Subdivision<br><input type="checkbox"/> Multi-Family <input type="checkbox"/> Single Family<br>INSPECTOR: _____ | <input type="checkbox"/> City Project <input checked="" type="checkbox"/> Utility (PUD, GTE, WNG, CABLE, WATER)<br><input type="checkbox"/> Other<br>INSPECTOR: <u>RW</u> |
|--|---|

F. Pavement or Concrete Cut :     Yes     No    G. Size of Cut: \_\_\_\_\_ x \_\_\_\_\_    H. Charge \$ \_\_\_\_\_

### APPLICANT TO READ AND SIGN

*INDEMNITY: Applicant understands and by his signature to this application, agrees to hold the City of Edmonds harmless from injuries, damages, or claims of any kind or description whatsoever, foreseen or unforeseen, that may be made against the City of Edmonds, or any of its departments or employees, including or not limited to the defense of any legal proceedings including defense costs, and attorney fees by reason of granting this permit.*

*THE CONTRACTOR IS RESPONSIBLE FOR WORKMANSHIP AND MATERIALS FOR A PERIOD OF ONE YEAR FOLLOWING THE FINAL INSPECTION AND ACCEPTANCE OF THE WORK. ESTIMATED RESTORATION FEES WILL BE HELD UNTIL THE FINAL STREET PATCH IS COMPLETED BY CITY FORCES, AT WHICH TIME A DEBIT OR CREDIT WILL BE PROCESSED FOR ISSUANCE TO THE APPLICANT.*

Construction drawing of proposed work required with permit application.  
A 24 hour notice is required for inspection; Please call the Engineering Department- 771-3202.  
Work is to be inspected during progress and at completion.  
Restoration is to be in accordance with City Codes.  
Street shall be kept clean at all times.  
Traffic Control and Public Safety shall be in accordance with City regulations as required by the City Engineer.  
All street cut ditches shall be patched with asphalt or City approved material prior to the end of the working day;  
**NO EXCEPTIONS.**

*I have read the above statements and understand the permit requirements and the pink copy of the permit will be available on site at all times for inspection purposes.*

Signature: MEMMOSS Date: November 7, 1991  
(Contractor or Agent)

### CALL DIAL-A-DIG PRIOR TO BEGINNING WORK

#### FOR CITY USE ONLY

|  |                                       |
|--|---------------------------------------|
| APPROVED BY: <u>RW</u>                         | RIGHT OF WAY DEPOSIT: _____           |
| TIME AUTHORIZED: VOID AFTER <u>1 YEAR</u> DAYS | DISRUPTION FEE/FUND 111: _____        |
| SPECIAL CONDITIONS: <u>NA</u>                  | RESTORATION FEE: _____                |
| _____  | PERMIT FEE: <u>\$30- to be billed</u> |
| _____  | TOTAL FEE: _____                      |
| COMMENTS: _____                                | RECEIPT NO: _____                     |
| _____ DATE: _____                              | ISSUED BY: <u>S. Johnson</u>          |

**NO WORK SHALL BEGIN PRIOR TO PERMIT ISSUANCE**

FIELD INSPECTION NOTES

(Fund 111 - Route copy to Street Dept.)

Comments:

Diagram:

CONTRACTOR CALLED FOR INSPECTION

YES

NO

Partial Work Inspection by P. W.:

Work Disapproved By: \_\_\_\_\_

Date: \_\_\_\_\_

FINAL APPROVAL BY: \_\_\_\_\_

Date: \_\_\_\_\_

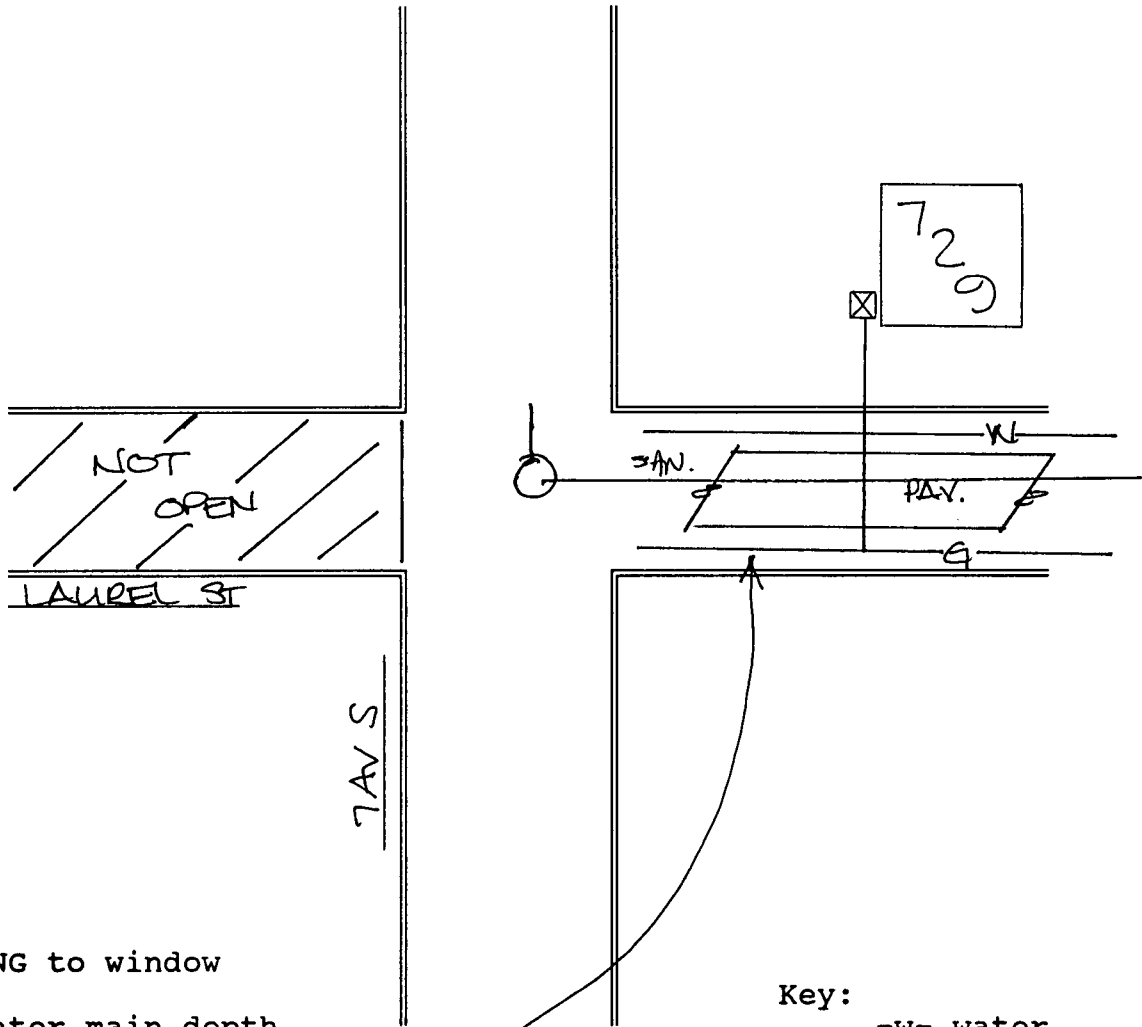


Addendum to : City of Edmonds  
 Right of Way  
 Permit Application

Submitted by: Kerry Walsh  
 Engineering Aide  
 Washington Natural Gas  
 622-6767 x2761  
 pager 995-6914  
 96A-1686

729 LAUREL ST

NO CUTS



WNG to window

Water main depth unknown

2" gas main

Key:  
 -w- water  
 -g- gas  
 -ss- sewer  
 water hydrant



CITY of EDMONDS  
Civic Center • Edmonds, Washington 98020  
City Clerk Phone 775-2525

**BUSINESS LICENSE APPLICATION**  
**STREET FILE**

DATE \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

**INSTRUCTIONS:**

All items must be completed or application will not be accepted.

Sign and return application with fee. Renewals received after February 15 must pay penalty in addition to fee.  
NEW BUSINESSES AFTER JULY 31, 1/2 FEE.

|                                  |                                |   |                     |           |
|----------------------------------|--------------------------------|---|---------------------|-----------|
| CLASS<br><u>B81</u>              | YEAR<br><u>81</u>              | LIC. EFFEC. DATE<br><u>02/15/1981</u>                                   | REASG. LIC. NO.<br> | SPEC.<br> |
| RECEIPT NO.<br><u>0291051981</u> | DATE PAID<br><u>02/15/1981</u> | PRINT 'X' IN SPEC. BOX FOR ISSUE OF CORRECTED LICENSE WITH 'LC' ACTION. |                     |           |
| FEE PAID<br><u>15.00</u>         | PENALTY PAID<br>               |   |                     |           |

**ANNUAL FEES**

HOME OCCUPATION \$10.00 (A) ADDITIONAL \$5.00

SMALL BUSINESS \$15.00 (B) ADDITIONAL \$7.50

Business with 10 or more employees \$50.00 (C) ADDITIONAL \$25.00

NEW APPLICATION (LA)  
 RENEWAL (LB)  
 CHANGE (LC)  
 DELETE (LD)

(PLEASE MAKE ANY NECESSARY CHANGES)

|  |  |                              |
|--|--|------------------------------|
| NAME OF FIRM<br><u>Naughten, Sandy L.</u>                                  | BUSINESS PHONE<br><u>778-1887</u>  | NO. OF EMPLOYEES<br><u>1</u> |
| MAILING ADDRESS<br><u>729 LAUREL ST. EDMONDS 98020</u><br><u>107-07100</u> | NATURE OF BUSINESS<br><u>BASIC BALLET FOR EXERCISE</u><br><u>incorporation</u> |                              |

|  |  |  |  |
|--|--|--|--|
| BUSINESS ADDRESS<br><u>729 Laurel St</u><br><u>SAME AS ABOVE</u> | INDIVIDUAL <input checked="" type="checkbox"/> (S)    PARTNERSHIP <input type="checkbox"/> (P)    CORPORATION <input type="checkbox"/> (C) |  |  |
| OWNERS NAME<br><u>SANDY L. NAUGHTEN</u> <u>Sandy L.</u>          | HOME ADDRESS<br><u>729 LAUREL ST</u><br><u>SAME AS BUSINESS Edmonds</u>  |  |  |
| HOME PHONE<br><u>778-1887</u>                                    | DATE OF BIRTH<br><u>3/6/39</u>   | PLACE OF BIRTH<br><u>ST. IGNATIUS, MONT.</u>               | SOCIAL SECURITY NUMBER<br><u>535-34-7024</u>         |
| EMERGENCY NOTIFICATION: (PLEASE LIST TWO)                        |  | (1) NAME & TELEPHONE<br><u>KAROL WHITMANSKI - 778-8324</u> | (2) NAME & TELEPHONE<br><u>PHIL SAXON - 778-0557</u> |

WASHINGTON STATE TAX NO. NONE    APPLICANT'S SIGNATURE Sandy L. Naughten

**DO NOT WRITE BELOW THIS LINE**

**STAFF REVIEW:** FILL IN LAND USE CODE, UFIR NUMBERS, ZONING, ETC. CHECK APPROVAL OR DISAPPROVAL, DATE, AND SIGN. IF DISAPPROVAL, PLEASE COMPLETE "COMMENT" SECTION. ROUTE TO NEXT DEPARTMENT ON LIST.

|  |   |  |                            |
|--|---|--|----------------------------|
| PLANNING DEPARTMENT<br><input checked="" type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE | DATE<br><u>7/20/81</u>  | LAND USE CODE<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | ZONING CODE<br><u>R5.6</u> |
| SIGNATURE<br><u>Hank Long</u>  | CONDITIONAL USE PERMIT<br><input type="checkbox"/> <u>CU</u> <input type="checkbox"/> <u>22</u> <input type="checkbox"/> <u>811</u> |  |                            |
| COMMENTS   |   |  |                            |

|  |  |   |   |
|--|--|---|---|
| BUILDING DEPARTMENT<br><input checked="" type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE   | DATE<br><u>6-2-81</u>  | Building Permit <input type="checkbox"/><br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Hotel/Motel (L)<br>Apt. Bldg. (A)<br>Office Bldg. (O)<br>Restaurant (R)<br>Hosp/Nurs Home (H)<br>School (S) |
| SIGNATURE<br><u>H. Reeves</u>  | Occupancy Group <input checked="" type="checkbox"/> <u>23    <input type="checkbox"/> School</u> |   |   |
| COMMENTS:<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CAPACITY: (NO. UNITS, APTS., OFFICES, SEATS, BEDS, STUDENTS) |  |   |   |

|  |                                  |          |  |  |
|--|----------------------------------|----------|--|--|
| FIRE DEPARTMENT<br><input checked="" type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE | DATE<br><u>6-4-81</u>            | U.F.I.R. |  |  |
| SIGNATURE<br><u>Steve Olsen</u>  | <u>411</u> <u>233</u> <u>003</u> |          |  |  |
| COMMENTS:  |                                  |          |  |  |

|   |                        |                                 |  |  |
|---|------------------------|---------------------------------|--|--|
| POLICE DEPARTMENT<br><input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE | DATE<br><u>6/15/81</u> | SIGNATURE<br><u>[Signature]</u> |  |  |
| COMMENTS:   |                        |                                 |  |  |

|   |                        |                                 |  |  |
|---|------------------------|---------------------------------|--|--|
| PUBLIC WORKS DEPARTMENT<br><input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE | DATE<br><u>6/15/81</u> | SIGNATURE<br><u>[Signature]</u> |  |  |
| COMMENTS:   |                        |                                 |  |  |

PLEASE RETURN TO CITY CLERK



CITY OF EDMONDS  
Civic Center • Edmonds, Washington 98020  
City Clerk Phone 775-2525

**BUSINESS LICENSE APPLICATION**  
**STREET FILE**

DA \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

**INSTRUCTIONS:**

- All items must be completed or application will not be accepted.
- Sign and return application with fee. Renewals received after February 15 must pay penalty in addition to fee.
- NEW BUSINESSES AFTER JULY 31, 1/2 FEE.

|                           |                      |   |       |
|---------------------------|----------------------|---|-------|
| CLASS YEAR<br>B 81        | LIC. EFFEC. DATE     | REASG. LIC. NO.   | SPEC. |
| RECEIPT NO.<br>6451033081 | DATE PAID<br>1/13/81 | PRINT 'X' IN SPEC. BOX FOR ISSUE OF CORRECTED LICENSE WITH 'LC' ACTION. |       |
| FEE PAID<br>200.00        | PENALTY PAID         |   |       |

- ANNUAL FEES**
- HOME OCCUPATION \$10.00 (A) ADDITIONAL \$6.00
  - SMALL BUSINESS \$15.00 (B) ADDITIONAL \$7.50
  - Business with 10 or more employees \$50.00 (C) ADDITIONAL \$25.00
- PENALTY AFTER FEB. 15**
- NEW APPLICATION (LA)
  - RENEWAL (LB)
  - CHANGE (LC)
  - DELETE (LD)

(PLEASE MAKE ANY NECESSARY CHANGES)

|  |                           |   |                              |
|--|---------------------------|---|------------------------------|
| NAME OF FIRM<br><i>Naughton</i>                | APARTMENTS<br><i>NONE</i> | BUSINESS PHONE<br><i>NONE</i>           | NO. OF EMPLOYEES<br><i>0</i> |
| MAILING ADDRESS<br><i>729 LAUREL - Edmonds</i> |                           | NATURE OF BUSINESS<br><i>Apartment.</i> |                              |

|  |  |  |   |
|--|--|--|---|
| BUSINESS ADDRESS<br><i>600-05470</i><br><i>7512-221 PLSW - Edmonds</i>           | INDIVIDUAL <input type="checkbox"/> (S)    | PARTNERSHIP <input type="checkbox"/> (P) | CORPORATION <input type="checkbox"/> (C)    |
| OWNERS NAME<br><i>LARRY NAUGHTON</i>   | HOME ADDRESS<br><i>See Mailing Address</i> |  |   |
| HOME PHONE<br><i>7781887</i>   | DATE OF BIRTH<br><i>1/10/34</i>            | PLACE OF BIRTH<br><i>Seattle</i>         | SOCIAL SECURITY NUMBER<br><i>537-348470</i> |
| EMERGENCY NOTIFICATION: (1) NAME & TELEPHONE _____<br>(2) NAME & TELEPHONE _____ |  |  |   |

WASHINGTON STATE TAX NO. *0* APPLICANT'S SIGNATURE *[Signature]*

**DO NOT WRITE BELOW THIS LINE**

**STAFF REVIEW:** FILL IN LAND USE CODE, UFIR NUMBERS, ZONING, ETC. CHECK APPROVAL OR DISAPPROVAL, DATE, AND SIGN. IF DISAPPROVAL, PLEASE COMPLETE "COMMENT" SECTION. ROUTE TO NEXT DEPARTMENT ON LIST.

|   |   |                          |                |
|---|---|--------------------------|----------------|
| PLANNING DEPARTMENT   | DATE <i>4/5/81</i>                              | LAND USE CODE            | ZONING CODE    |
| <input checked="" type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE | SIGNATURE <i>[Signature]</i>                    | <input type="checkbox"/> | <i>R M 2 4</i> |
| COMMENTS  | CONDITIONAL USE PERMIT <input type="checkbox"/> |                          |                |

|   |                            |  |                 |
|---|----------------------------|--|-----------------|
| BUILDING DEPARTMENT   | DATE <i>5-4-81</i>         | Building Permit <input type="checkbox"/> | Hotel/Motel (L) |
| <input checked="" type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE | SIGNATURE <i>H. Reeves</i> | <input type="checkbox"/>                 | Apt. Bldg. (A)  |
| COMMENTS:   | Office Bldg. (O)           |  |                 |
| <input type="checkbox"/>  | Restaurant (R)             |  |                 |
| <input type="checkbox"/>  | Hosp/Nurs Home (H)         |  |                 |
| <input type="checkbox"/>  | School (S)                 |  |                 |
| CAPACITY: (NO. UNITS, APTS., OFFICES, SEATS, BEDS, STUDENTS)                    |                            |  |                 |

|   |                              |                    |
|---|------------------------------|--------------------|
| FIRE DEPARTMENT   | DATE <i>5-6-81</i>           | U.F.I.R.           |
| <input checked="" type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE | SIGNATURE <i>[Signature]</i> | <i>422 006 006</i> |
| COMMENTS:   |                              |                    |

|   |                    |                              |
|---|--------------------|------------------------------|
| POLICE DEPARTMENT   | DATE <i>5/7/81</i> | SIGNATURE <i>[Signature]</i> |
| <input checked="" type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE |                    |                              |
| COMMENTS:   |                    |                              |

|  |            |                 |
|--|------------|-----------------|
| PUBLIC WORKS DEPARTMENT  | DATE _____ | SIGNATURE _____ |
| <input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE |            |                 |
| COMMENTS: <i>600-05470</i>   |            |                 |

PLEASE RETURN TO CITY CLERK

Laurel

CITY OF EDMONDS

City Engineer's Office

STREET FILE

COMPLAINT REPORT

Report No. \_\_\_\_\_

Referred to for Action Bill Nims Time \_\_\_\_\_ Date \_\_\_\_\_

Received By Rhonda French Time \_\_\_\_\_ Date \_\_\_\_\_

Made By Larry Naughten Address 729 Laurel Tel. 778 1887

How Received: Letter \_\_\_\_\_ Telephone L In Person \_\_\_\_\_

Nature of Complaint: Would like to top some Alders in the alley please check.

Engineering Department Recommendation or Comments \_\_\_\_\_

Field checked alley - appears to be no problem cutting thru alder trees. Made field sketch. City Eng gave his approval.

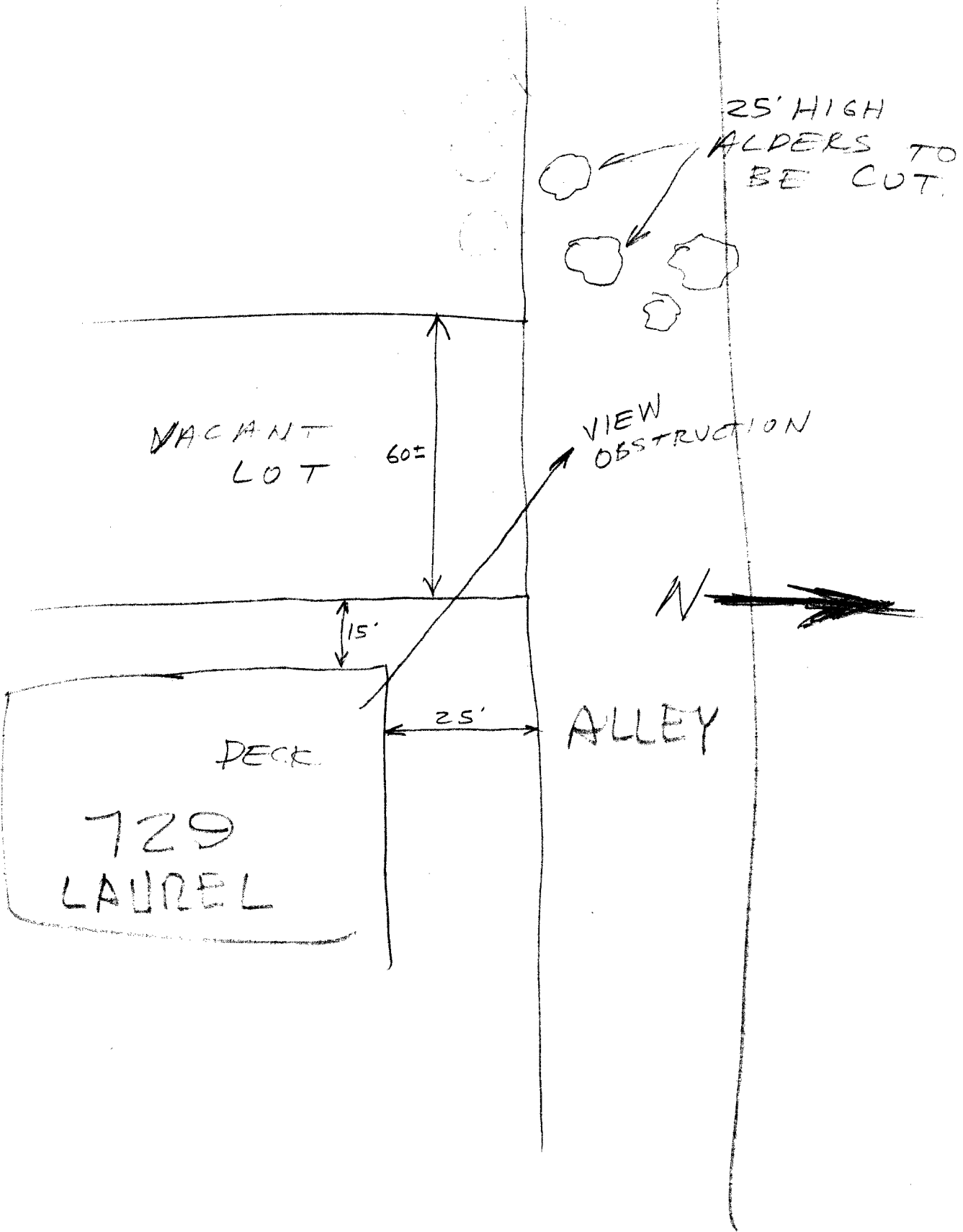
Time \_\_\_\_\_ Date 6-5-72 Engineer WJ Nims

Describe Action Completed: \_\_\_\_\_

Called property owner gave OK

Time \_\_\_\_\_ Date 6-5-72 Completed By WJ Nims

Location Sketch:



VACANT LOT

60'

15'

25'

DECK

729  
LAUREL

ALLEY



25' HIGH  
ALDERS TO  
BE CUT.

VIEW  
OBSTRUCTION

A. ● Address or vicinity of Construction  
LARRY NAUGHTEN  
● Owner: 729 - LAUREL  
Name  
Mailing Address  
EDMS WA 98020  
City, State, Zip Code

● Permit Issued To: OLDS-OLYMPIC INC  
● Type of Work to be Done: D/WAY TIE IN  
● Work in Connection With:  
 Sub or Plat  Single Family  
 Comml. / Ind.  Apt. Condo.  
● Pavement Cut:  Yes  No

● Contractor: OLDS-OLYMPIC INC.  
Name  
P.O. Box 180  
Mailing Address  
EDMS WA 98020  
City, State, Zip Code

OL-DS-0-31780  
State License Number  
778-3124  
Telephone Number

★★ NO WORK TO BEGIN PRIOR TO PERMIT ISSUANCE ★★

B. APPLICANT TO READ AND SIGN

INDEMITY: Applicant understands and by his signature to this application, agrees to hold the City of Edmonds harmless from any injuries, damages, or claims of any kind or description whatsoever, foreseen or unforeseen, that may be made against the City of Edmonds, or any of its departments or employees, including or not limited to the defense of any legal proceedings including defense, costs, court costs, and attorney fees by reason of granting this permit.

Upon issuance of this permit, the contractor is responsible for workmanship and materials for a period of one year following the final inspection and acceptance of the restoration by the Engineering Division.

Funds held from the Security Deposit (estimated restoration fee) will be held until the final street patch is completed, at which time a debit or credit will be processed for issuance to the applicant.

Work is to be inspected. Restoration to be in accordance with City Code. Traffic Control to be in accordance with Traffic Section of City Code. Street to be kept clean at all times. A 24 - hour notice is required for inspection by Engineering. Call 775-2525, extension 220.

I understand that this permit must be available at the job site for inspection purposes at all times.

Signature: Norman F. Larson Date 7-2-80  
Owner or Agent

★★ THIS PERMIT MUST BE POSTED AT THE JOB SIT FOR INSPECTION PURPOSES ★★  
CALL DIAL - DIG PRIOR TO BEGINNING WORK

C. Issued By: [Signature]  
Time Authorized: Void after 30 days  
Special Conditions: \_\_\_\_\_  
Ammendments: \_\_\_\_\_

Permit Fee: \$1500  
Security Deposit: \_\_\_\_\_  
Receipt No.: \_\_\_\_\_  
Fund 111 Fee: \_\_\_\_\_  
Street Cut Dimensions  
\_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_

★★ NO WORK TO BEGIN PRIOR TO PERMIT ISSUANCE ★★

TO BE COMPLETED BY APPLICANT

FOR CITY USE ONLY

**The City of Edmonds**

**APPLICATION**

for  
**SIDE SEWER PERMIT**

107-07100

NEW CONSTRUCTION  REPAIRS

EASEMENT No. ....

OWNER ..... Lawrence Naughten

CONTRACTOR .....

PERMIT No. ....

ADDRESS ..... 729 Laurel Street

LEGAL DESCRIPTION: LOT No. ....

BLOCK No. ....

NAME OF ADDITION .....

STREET FILE

DYE TESTED ON SEWER  
JULY, 1972

Approved:

DATE ..... By .....