



February 22, 2019

South County Fire EMS - Prevention Division  
121 5<sup>th</sup> Ave N Edmonds,  
WA 98020

To Whom It May Concern,

This letter is referencing the Trike Stop located at 23107 100<sup>th</sup> Ave W., Suite 2A, Edmonds WA. Absco Solutions has completed the fire alarm device adjustments in support of the tenant improvement which included reconfiguration of interior office spaces.

We have verified on site that the detection and notification of the fire alarm system in the tenant improvement area meets NFPA 72 code (2013) and has been tested by a NICET 3 certified Fire Alarm Technician. We are requesting Temporary occupancy while Absco Solutions completes the permitting process and obtains approval of the adjustments to the fire alarm system.

The building tenant is targeting a February 25<sup>th</sup> move-in date and thus the request to provide temporary occupancy today. Please contact me at 425-771-1166 ext. 132 if you have any questions or concerns.

Respectfully,

*Ken Day*

Project Engineer

NICET Level III

Office – [425-771-1166](tel:425-771-1166)

iPhone – [206-356-4603](tel:206-356-4603)

[Ken.day@abscosolutions.com](mailto:Ken.day@abscosolutions.com)

[www.abscosolutions.com](http://www.abscosolutions.com)

19023 36<sup>th</sup> Avenue West, Suite E -- Lynnwood, WA 98036  
425-771-1166

[www.abscosolutions.com](http://www.abscosolutions.com)



# CITY OF EDMONDS

121 5TH AVENUE NORTH - EDMONDS, WA 98020  
 PHONE: (425) 771-0220 - FAX: (425) 771-0221

**STATUS: ISSUED 02/22/2019**

**Permit #: BLD20190194**

## BUILDING PERMIT

**Expiration Date: 08/22/2019**

**Project Address: 23107 100TH AVE W, EDMONDS**

Parcel No: 0039140000200

PROPERTY OWNER	APPLICANT	CONTRACTOR
THE TRIKE STOP C/O & FOLK LLC FORD 23107 100TH AVE W EDMONDS, WA 98026-7911 (425) 774-9022	ABSCO ALARMS 19023 36TH AVE W LYNNWOOD, WA 98036  (425) 771-1166	ABSCO ALARMS 19023 36TH AVE W LYNNWOOD, WA 98036  (425) 771-1166 LICENSE #: ABSCOAI221BJ EXP:12/31/2019

### JOB DESCRIPTION

WORK DONE PRIOR TO PERMIT. REMOVE 3 SMOKE DETECTORS FORM FIRE ALARM SYSTEM AND ADD 1 MANUAL PULL STATION. ALSO MOVE 2 EXISTING SMOKES TO ADJUST SMOKE DETECTOR COVERAGE FOR T/I OK TO ISSUE PER KARL FITTER

VALUATION: \$2,500

PERMIT TYPE: Commercial	PERMIT GROUP: 79 - Fire Alarm		
GRADING: N CYDS: 0	TYPE OF CONSTRUCTION:		
RETAINING WALL ROCKERY:	OCCUPANT GROUP:		
FENCE: ( 0 X 0 FT.)	OCCUPANT LOAD:		
OTHER: ----- OTHER DESC:	CODE:		
NUMBER OF STORIES: 0	ZONE:		
NUMBER OF DWELLING UNITS: 0	VESTED DATE:		
	LOT #:		
EXISTING AREA		PROPOSED AREA	
BASEMENT: 0	1ST FLOOR: 0	2ND FLOOR: 0	BASEMENT: 0
3RD FLOOR: 0	GARAGE: 0	DECK: 0	1ST FLOOR: 0
BEDROOMS: 0	BATHROOMS: 0	OTHER: 0	2ND FLOOR: 0
			3RD FLOOR: 0
			GARAGE: 0
			DECK: 0
			OTHER: 0
			BEDROOMS: 0
			BATHROOMS: 0

FRONT SETBACK		SIDE SETBACK		REAR SETBACK	
REQUIRED:	PROPOSED:	REQUIRED:	PROPOSED:	REQUIRED:	PROPOSED:
HEIGHT ALLOWED: 0	PROPOSED: 0	REQUIRED:	PROPOSED:		
SETBACK NOTES:					

### PERMIT APPROVAL

I AGREE TO COMPLY WITH CITY AND STATE LAWS REGULATING CONSTRUCTION AND IN DOING THE WORK AUTHORIZED THEREBY, NO PERSON WILL BE EMPLOYED IN VIOLATION OF THE LABOR CODE OF THE STATE OF WASHINGTON RELATING TO WORKMEN'S COMPENSATION INSURANCE AND RCW 18:27.

THIS APPLICATION IS NOT A PERMIT UNTIL SIGNED BY THE BUILDING OFFICIAL OR HIS/HER DEPUTY AND ALL FEES ARE PAID.


 Signature: Kew Day Print Name: 2/22/19 Date: 2/22/19 Released By: Denise Wilson Date: 2/22/19

### ATTENTION

IT IS UNLAWFUL TO USE OR OCCUPY A BUILDING OR STRUCTURE UNTIL A FINAL INSPECTION HAS BEEN MADE AND APPROVAL OR A CERTIFICATE OF OCCUPANCY HAS BEEN GRANTED. UBC109/IBC110/IRC110.

FIRE
  APPLICANT
  ASSESSOR
  CITY



# BUILDING PERMIT APPLICATION

Development Services  
Building Division  
121 5th Ave N / Edmonds, WA 98020  
425.771.0220

For handouts, submittal requirements, permit status and inspection scheduling information go to: <http://www.edmondswa.gov/>

### JOB SITE INFORMATION/LOCATION: (Where the work is taking place)

Job Site Address: 23107 100<sup>th</sup> Ave W  
STE 1 EDMONDS WA 98020

Parcel: \_\_\_\_\_

Lot /Unit/Suite #: \_\_\_\_\_ Subdivision: \_\_\_\_\_

### PROPERTY OWNER:

Name: Autumn & Wesley Snow

Mailing Address: 23107 100<sup>th</sup> Ave W

City/State/Zip: Edmonds, WA 98020

Phone #: 425-774-9022

Email: thetikestop@comcast.net

### OWNER INSTALLATION: \*If yes, read and sign\*

Will work be performed by the property owner?  Yes  No

I own, reside in, or will reside in the completed structure.

This installation is being made on property that I own which is not intended for sale, lease, rent, or exchange according to RCW 18.27.090.

Owner Signature: [Signature]

### APPLICANT / CONTACT INFORMATION:

Name of Applicant: Absco Solutions

Mailing Address: 19023 36<sup>th</sup> Ave W, STE E

City/State/Zip: 98033 Lynnwood WA 98036

Phone #: 425 771 1166

E-mail: ken.day@absco-solutions.com

### GENERAL CONTRACTOR: (If different from applicant)

General Contractor: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

### WA STATE CONTRACTOR L & I # (CCB) & EXPIRATION DATE:

Absco AI 22185 12/31/19

CITY OF EDMONDS BUSINESS LICENSE #: NR-026821

Office Use Only

Permit #: \_\_\_\_\_

### TYPE OF PERMIT (Provide Details on Page 2)

<input type="checkbox"/> Accessory Structure/ Detached Garage	<input type="checkbox"/> Addition
<input type="checkbox"/> Demolition	<input type="checkbox"/> Mechanical
<input type="checkbox"/> New Single Family / Duplex	<input type="checkbox"/> Plumbing
<input type="checkbox"/> Fire Sprinkler	<input type="checkbox"/> Remodel
<input type="checkbox"/> New Commercial/ Mixed Use	<input type="checkbox"/> Re-Roof
<input type="checkbox"/> Signs	<input type="checkbox"/> Tank
<input checked="" type="checkbox"/> Tenant Improvement	<input type="checkbox"/> Other _____

### Remodel Permit fees are based on:

The value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation: 2500.00

### PROPOSED NEW SQUARE FOOTAGE FOR THIS APPLICATION

Basement sq ft:	Finished <input type="checkbox"/>	Unfinished <input type="checkbox"/>
1st Floor, sq ft:		
2nd Floor, sq ft:		
Garage/Carport:, sq ft:		
Deck/Covered Porch/Patio:		
Other sq ft:		

### PROJECT DESCRIPTION

Remove 3 smoke detectors from Fire Alarm system AND Add 1 Manual pull station. Also move 2 Existing smokes to adjust smoke detector coverage for tenant improvement.

I certify that the information I have provided on this form/application is true, correct and complete, and that I am the property owner or duly authorized agent of the property owner to submit a permit application to the City of Edmonds.

Print Name: Ken Day

Signature: [Signature] Date 2/22/19