

CITY OF EDMONDS CONSTRUCTION PERMIT APPLICATION

OWNER
OWNER NAME NAME OF BUSINESS
Great Clips/WESTGATE 100

MAILING ADDRESS
22809 100th AVE W.#5

CITY ZIP TELEPHONE NUMBER
Edmonds 98020

ARCHITECT
NAME
ADDRESS
CITY ZIP TELEPHONE NUMBER

CONTRACTOR
NAME
ADDRESS
CITY ZIP TELEPHONE NUMBER
*Continental Signs Inc
12832 NE 14th PL OKM
Bellevue 98005 454-9979*

STATE LICENSE NUMBER EXPIRATION DATE
CONTST116m6 7-26-95

LEGAL DESCRIPTION OF Property - include all easements
See prints

Property Tax Account Parcel No. *6106-003-005-0108*

NEW RESIDENTIAL PLUMBING
 ADDITION COMMERCIAL MECHANICAL
 REMODEL APT. BLDG. SIGN
 REPAIR GRADING CYDS FENCE (X FT)
 DEMOLISH WOODSTOVE INSERT SWIM POOL HOT TUB/SPA
 GARAGE CARPORT RETAINING WALL/ROCKERY RENEWAL

(TYPE OF USE, BUSINESS OR ACTIVITY) EXPLAIN:
Retail

NUMBER OF STORIES *1* NUMBER OF DWELLING UNITS CRITICAL AREAS NUMBER

DESCRIBE WORK TO BE DONE (ATTACH PLOT PLAN)
install internally illuminated channel letters

HEAT SOURCE: _____ GLAZING _____ %

Plan Check No.

This Permit covers work to be done on private property ONLY. Any construction on the public domain (curbs, sidewalks, driveways, marquees, etc.) will require separate permission.

Permit Application: 180 Days
Permit Limit: 1 Year - Provided Work is Started Within 180 Days

"Applicant, on behalf of his or her spouse, heirs, assigns and successors in interest, agrees to indemnify, defend and hold harmless the City of Edmonds, Washington, its officials, employees, and agents from any and all claims for damages of whatever nature, arising directly or indirectly from the issuance of this permit. Issuance of this permit shall not be deemed to modify, waive or reduce any requirement of any city ordinance nor limit in any way the City's ability to enforce any ordinance provision."

I hereby acknowledge that I have read this application; that the information given is correct; and that I am the owner, or the duly authorized agent of the owner. 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.

SIGNATURE (OWNER OR AGENT) DATE SIGNED
Jennifer Todd Sept 1, 1994

USE ZONE PERMIT NUMBER **940637**

JOB ADDRESS *22809 100th AVE W.#5* SUITE/APT #

LEGAL DESCRIPTION CHECK SUBDIVISION NO LID NO

PUBLIC RIGHT OF WAY PER OFFICIAL STREET MAP
EXISTING _____ REQUIRED DEDICATION _____
PROPOSED _____

TESCP Approved RW Permit Required
Street Use Permit Req'd
Inspection Required
Sidewalk Required

METER SIZE LINE SIZE NO. OF FIXTURES PRV REQUIRED
YES NO

REMARKS

ENGINEERING MEMO DATED REVIEWED BY

FIRE MEMO DATED REVIEWED BY

SIGN AREA PROPOSED SEPA REVIEW COMPLETE EXEMPT ADB NO. SHORELINE #
60 sq ft 127 ft 94-123

VARIANCE OR CU PLANNING REVIEW BY *9/9/94*

SETBACKS - FEET HEIGHT LOT COVERAGE
FRONT SIDE REAR *14'*

REMARKS
RED LETTERS ONLY

CHECKED BY TYPE OF CONSTRUCTION CODE OCCUPANT GROUP
SIGW 91 8-2

SPECIAL INSPECTOR REQUIRED AREA OCCUPANT LOAD
 YES

REMARKS
PROGRESS INSPECTIONS PER UBC 305

FINAL INSPECTION REQUIRED

	VALUATION	FEE
PLAN CHECK FEE		
BUILDING		<i>22</i>
PLUMBING		
MECHANICAL		
GRADING/FILL		
STATE SURCHARGE		
STORM DRAINAGE FEE		
ENG. INSPECTION FEE	<i>INVESTIGATIVE FEE 34</i>	<i>34</i>
PLAN CHECK DEPOSIT	<i>53.55</i>	<i>18866</i>
TOTAL AMOUNT DUE	<i>388.45</i>	<i>18956</i>

ATTENTION APPLICATION APPROVAL
THIS PERMIT AUTHORIZES ONLY THE WORK NOTED
INSPECTION DEPARTMENT
CITY OF EDMONDS
OFFICIAL'S SIGNATURE DATE
[Signature] *9-9-94*
RELEASED BY DATE
[Signature] *9-28-94*

CALL FOR INSPECTION **771-0220** ORIGINAL - File YELLOW - Inspector
PINK - Owner GOLD - Assessor

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. UBC CHAPTER 3.

RECORD OF INSPECTIONS

	INSPECTOR	DATE APPROVED
SETBACKS	_____	_____
FOUNDATION:		
Footing	_____	_____
Wall	_____	_____
Pier/Porch	_____	_____
Retaining Wall	_____	_____
Slab Insulation	_____	_____
PLUMBING:		
Underground	_____	_____
Rough-In	_____	_____
Commercial Final	_____	_____
HEATING:		
Gas Test	_____	_____
Gas Piping	_____	_____
Equipment	_____	_____
Commercial Final	_____	_____
EXTERIOR SHEATHING NAILING	_____	_____
FRAMING	_____	_____
INSULATION:		
Floor Insulation	_____	_____
Wall Insulation	_____	_____
Ceiling Insulation	_____	_____
SHEETROCK NAILING	_____	_____
SPECIAL INSPECTION	_____	_____
RADON MONITOR AT SITE	_____	_____
FINAL APPROVAL FOR OCCUPANCY	<i>[Signature]</i>	7-29-94

NEED AOB SIGN-OFF

940637