

CITY OF EDMONDS

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

STATUS: ISSUED 04/07/2016

Permit #: BLD20160336

BUILDING PERMIT

Expiration Date: 10/07/2016

Project Address: 23107 100TH AVE W, EDMONDS

Parcel No: 00391400000200

PROPERTY OWNER	APPLICANT	CONTRACTOR
TRIKE STOP C/O PROPERTIES LLC NORDWALL 1000 SECOND AVE STE 1750 SEATTLE, WA 98104	KINGS HEATING 6925 216TH ST SW SUITE C LYNNWOOD, WA 98036 (425) 275-5153	KINGS HEATING 6925 216TH ST SW SUITE C LYNNWOOD, WA 98036 (425) 275-5153 LICENSE #: EXP:

JOB DESCRIPTION

HVAC FOR TENANT IMPROVEMENT.

VALUATION: \$0.00


PERMIT TYPE: Commercial	PERMIT GROUP: 40 - Mechanical		
GRADING: N CYDS: 0	TYPE OF CONSTRUCTION:		
RETAINING WALL ROCKERY:	OCCUPANT GROUP:		
	OCCUPANT LOAD:		
FENCE: (0 X 0 FT.)	CODE: 2012		
OTHER: ----- OTHER DESC:	ZONE:		
NUMBER OF STORIES: 0	VESTED DATE:		
NUMBER OF DWELLING UNITS: 0	LOT #:		
EXISTING AREA		PROPOSED AREA	
BASEMENT: 0	1ST FLOOR: 0	2ND FLOOR: 0	
3RD FLOOR: 0	GARAGE: 0	DECK: 0	OTHER: 0
BEDROOMS: 0	BATHROOMS: 0	BEDROOMS: 0	BATHROOMS: 0

FRONT SETBACK		SIDE SETBACK		REAR SETBACK	
REQUIRED: 16	PROPOSED: 16+	REQUIRED:	PROPOSED:	REQUIRED:	PROPOSED:
HEIGHT ALLOWED: 0	PROPOSED: 2.5	REQUIRED:	PROPOSED:		
SETBACK NOTES: Westgate Mixed Use zone					

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
 Michaela Pollard
 Print Name
 4/7/16
 Date
 R. Thongviset
 Released By
 4/7/16
 Date

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.

ONLINE
 APPLICANT
 ASSESSOR
 OTHER *INSP*

COMPLETED

CONDITIONS

- Final approval on a project or final occupancy approval must be granted by the Building Official prior to use or occupancy of the building or structure. Check the job card for all required City inspections including final project approval and final occupancy inspections.
- Any request for alternate design, modification, variance or other administrative deviation (hereinafter "variance") from adopted codes, ordinances or policies must be specifically requested in writing and be called out and identified. Processing fees for such request shall be established by Council and shall be paid upon submittal and are non-refundable.
- Approval of any plat or plan containing provisions which do not comply with city code and for which a variance has not been specifically identified, requested and considered by the appropriate city official in accordance with the appropriate provision of city code or state law does not approve any items not to code specification.
- Sound/Noise originating from temporary construction sites as a result of construction activity are exempt from the noise limits of ECC Chapter 5.30 only during the hours of 7:00am to 6:00pm on weekdays and 10:00am and 6:00pm on Saturdays, excluding Sundays and Federal Holidays. At all other times the noise originating from construction sites/activities must comply with the noise limits of Chapter 5.30, unless a variance has been granted pursuant to ECC 5.30.120.
- Applicant, on behalf of his or her spouse, heirs, assigns, and successors in interests, 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 for this permit. Issuance of this permit shall not be deemed to modify, waive or reduce any requirements of any City ordinance nor limit in any way the City's ability to enforce any ordinance provision.
- Existing vegetation to screen unit. If existing vegetation is removed to allow for the installation of the unit, new screening vegetation will be required.

INSPECTIONS

THIS PERMIT AUTHORIZES ONLY THE WORK NOTED. 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.

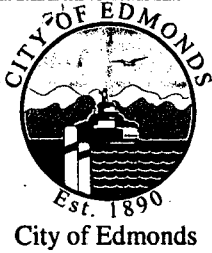
PERMIT TIME LIMIT: SEE ECDC 19.00.005(A)(6)

CALL FOR INSPECTIONS

BUILDING (425) 771-0220 EXT. 1333	ENGINEERING (425) 771-0220 EXT. 1326	FIRE (425) 775-7720
PUBLIC WORKS (425) 771-0235	PRE-TREATMENT (425) 672-5755	RECYCLING (425) 275-4801

When calling for an inspection please leave the following information: Permit Number, Job Site Address, Type of Inspection being requested, Contact Name and Phone Number, Date Preferred, and whether you prefer morning or afternoon.

- B-Mechanical Rough In
- B-Mechanical Final
- P-Planning Final



**DEVELOPMENT SERVICES
PLUMBING, MECHANICAL, TANK, & DEMOLITION
PERMIT APPLICATION**

121 5th Avenue N, Edmonds, WA 98020
Phone 425.771.0220 & Fax 425.771.0221

PLEASE REFER TO THE PLUMBING & MECHANICAL CHECKLIST FOR SUBMITTAL REQUIREMENTS

PROJECT ADDRESS (Street, Suite #, City State, Zip): 23107 100 th Ave W, Edmonds WA 98020		Parcel #:	
IS THIS WORK ASSOCIATED WITH ANOTHER PROJECT? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>		Associated Permit #:	
APPLICANT: See Contractor		Phone:	Fax:
Address (Street, City, State, Zip):		E-Mail Address:	
PROPERTY OWNER: Wesley Snow		Phone: (425) 773-5877	Fax:
Address (Street, City, State, Zip): 22309 76 th Ave W, Edmonds, WA 98026		E-Mail Address: Saul_Construction@comcast.net	
LENDING AGENCY:		Phone:	Fax:
Address (Street, City, State, Zip):		E-Mail Address:	
CONTRACTOR:* Kings Heating & A/C		Phone: 425-875-5153	Fax: 425-875-5154
Address (Street, City, State, Zip): 6925 216 th St SW, suite C, Lynnwood WA 98036		E-Mail Address: MichaelaP@Kingsheating.com	
*Contractor must have a valid City of Edmonds business license prior to doing work in the City. Contact the City Clerk's Office at 425.775.2525.		WA State License #/Exp. Date: 3/18/18 KINGSHIOMUJA	
		City Business License #/Exp. Date: NR-021926	

PERMIT APPLICATION FOR:

PLUMBING
 MECHANICAL
 TANK
 DEMOLITION

DETAIL THE SCOPE OF WORK: Installing a heat pump in new location on the front of the building

I declare under penalty of perjury laws 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: Michaela Pollard Owner Agent/Other (specify): OA
 Signature: Michaela Pollard Date: 3-18-16

PLUMBING FIXTURE COUNT

Fixture Type (new and relocated)	Total #	Fixture Type (new and relocated)	Total #
Water Closet (Toilet)		Pressure Reduction Valve/Pressure Regulator	
Sink (kitchen, laundry, lavatory, bar, eye wash, etc.)		Water Service Line	
Tub/Shower		Drinking Fountain	
Dishwasher		Clothes Washer	
Hose Bib		Backflow Prevention Device (e.g. RBPA, DCDA, AVB)	
Water Heater Tankless? Yes <input type="checkbox"/> No <input type="checkbox"/>		Hydronic Heat in: Floor <input type="checkbox"/> Wall <input type="checkbox"/>	
Floor Drain/Floor Sink		Other:	
Refrigerator water supply (for water/ice dispenser)		Other:	

MECHANICAL

Equipment Type	Appliance/Equipment Information (new and relocated)	Total #
Furnace	Gas # ___ Elec # ___ Other: ___ # ___ BTUs: <100k ___ >100k ___ Location(s) _____	
Air Handler / VAV (circle selected)	Gas # ___ Elec # <input checked="" type="checkbox"/> Other: ___ # ___ CFM: <10k <input checked="" type="checkbox"/> >10k ___ Location(s) <u>MECH ROOM</u>	
<input checked="" type="checkbox"/> AC Compressor / Boiler / Heat Pump / Roof Top Unit (circle selected)	Gas # ___ Elec # <input checked="" type="checkbox"/> Other: ___ # ___ BTUs: <input checked="" type="checkbox"/> <100k, ___ 100k-500k, ___ 500k-1Mil HP: ___ <3, ___ 3-15, ___ 15-30 Location(s) _____	
Hydronic Heating	Gas # ___ Elec # ___ In-Floor ___ Wall Radiant ___ Boiler BTUs: ___ Location _____	
Exhaust Fans (single duct)	Bath #// Kitchen # <u>2</u> Laundry # ___ Other: ___ # ___	
Fireplace	Gas # ___ Elec # ___ Other: ___ # ___ Location(s) _____	
Dryer Duct	<u>2</u>	

FUEL GAS

Appliance Type	Appliance/Equipment Information (new and relocated)	Total #
AC Unit	BTUs: ___ Location(s): _____	
Furnace	BTUs: ___ Location(s): _____	
Water Heater	BTUs: ___ Location(s): _____	
Boiler	BTUs: ___ Location(s): _____	
Other: _____	BTUs: ___ Location(s): _____	
Fireplace/Insert	BTUs: ___ Location(s): _____	
Stove/Range/Oven		
Dryer		
Outdoor BBQ		
	TOTAL OUTLETS	