

8070

Permit No. \_\_\_\_\_ Date of Application 3 NOV 80 Application No. 10-685  
Construction Address 870 Pop SW SE Sec. 20 T. 28 R. 14 1/4 No. 04

Lot \_\_\_\_\_ Block \_\_\_\_\_ Plat \_\_\_\_\_ Size of Property 0.466 A

For Office Use Only, Do Not Write In This Block.  
Zone \_\_\_\_\_ Setbacks \_\_\_\_\_  
Legal: \_\_\_\_\_

Owner Name and Address FIRE DIST 6 STAR Pt 2 Box 390 FORKS WA Phone 374-6490

Contractor and Address \_\_\_\_\_ State License No. \_\_\_\_\_ Phone \_\_\_\_\_

BUILDING DESCRIPTION	WORK DESCRIPTION	SHORT SUB-DIV. NO.
Residence or Other <u>FIRE STATION</u>	<u>AND MEETING RM</u>	<u>DAM</u>
Stories <u>2</u>	<u>3240 x 1641 = 53168</u>	
Exterior Finish <u>T-11</u>		
Interior Finish <u>SHEEP ROCK</u>	OCCUPANCY GROUP <u>B-2</u>	CONSTRUCTION TYPE <u>IN</u>
Heat <u>ELEC</u>	Health Dept. Approval - Date <u>9-25-80</u> By <u>H.H</u>	FIRE ZONE 3 Dist. No. <u>1</u> Clerk <input checked="" type="checkbox"/>
Number of Flues	Building Permit Application checked by <u>[Signature]</u>	Install or add to plumbing or gas piping Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Bedrooms	Building Permit Fee \$ <u>294.00</u>	SHORELINE MANAGEMENT AREA in <input type="checkbox"/> out <input type="checkbox"/>
Baths <u>2</u>	Plan Checking Fee \$ <u>191.00</u>	Approved By: State <input type="checkbox"/> County <input type="checkbox"/>
Other Rooms <u>2</u>	Plumbing \$ _____	FLOOD ZONE in <input type="checkbox"/> out <input checked="" type="checkbox"/>
Basement Area _____ Sq. Ft.	Furnace \$ _____	Approved: State <input type="checkbox"/> County <input type="checkbox"/>
First Floor Area <u>840</u> Sq. Ft.	Env. Publication \$ _____	Date: _____ Date: _____
Other Floor Area <u>840</u> Sq. Ft.	Total Fee \$ <u>485.00</u>	ENVIRONMENTAL REVIEW
Attached Garage or Carport Area <u>1560</u> Sq. Ft.	Received by <u>Kelth</u> R No. <u>6463</u>	Exempt Category <u>197 10 170</u>
Detached Garage or Carport Area _____ Sq. Ft.	Life of Permit - 60 days to begin Construction and 1 year to complete.	Checklist on file _____
Estimated Cost <u>53168</u>	APPROACH PERMITS REQUIRED to all County Roads. Contact: 457-1137	Statement on file _____
		Has no significant impact <u>DPS</u>
		Has a significant impact _____
		Approved by County <input type="checkbox"/> <input type="checkbox"/>

\* ELECTRICAL PERMITS ARE REQUIRED BY THE WASHINGTON STATE DEPARTMENT OF LABOR & INDUSTRY - CALL 452-9288

WASHINGTON STATE INSTALLER'S LICENSE NO. \_\_\_\_\_

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INSTALLATION OF FIXTURE	NO. OF	FEE
1. Bathtubs		\$
2. Bidets		
3. Cuspidors		
4. Drinking Fountains		
5. Floor Drains		
6. Laundry Tubs		
7. Clothes Washer		
8. Dish Washer		
9. Receptors		
10. Shower Stalls		
11. Sinks		
12. Waste Receptors		
13. Trailer Pk. Traps		
14. Urinals		
15. Wash Basins	<u>2</u>	
16. Water Closet	<u>3</u>	
17. Hot Water Tank	<u>1</u>	
18. Others		
19. GAS PIPING		
20. SPRINKLER SYSTEMS		
21. Others		

INSTALLATION OF \_\_\_\_\_

FURNACES

Manufacturer's Name \_\_\_\_\_

Trade Name \_\_\_\_\_ No. \_\_\_\_\_

BTU Input \_\_\_\_\_

Type: Manual  Automatic  Oil  Gas

Used in: WA  HW  Steam  Elec.

Other Equip. \_\_\_\_\_ BTU \_\_\_\_\_

FUEL STORAGE TANKS

Tanks: No. \_\_\_\_\_ Capacity \_\_\_\_\_ Size \_\_\_\_\_ Ga. \_\_\_\_\_

Above Ground  Basement  Underground

Make \_\_\_\_\_ Located: Depth \_\_\_\_\_

Distance from Building \_\_\_\_\_

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