



City of Yelm

Community Development Department

Building Division

Phone: (360) 458-8407

Fax: (360) 458-3144

Permit No.: **20180163**

Issue Date: **7/15/2018**
(Work must be completed within 180 days)

Applicant:

Name: PUERTO VALLARTA
Address: 802 YELM AVE W
YELM WA 98597

Phone: 360-789-4598

Property Information:

Site Address: 802 YELM AVE W Owner: _____

Assessor Parcel No.: 21724140800 Subdivision: N/A Lot: _____

Contractor Information:

Name: PUERTO VALLARTA
Address: 802 YELM AVE W
YELM WA 98597

Phone: _____

Contractor License No.: _____ Expires: 0/00/0000

Project Information:

Project: OTHER SPECIAL EVENT

Description of Work: HAPPY HOUR NEW HOURS. BANNER AT ENTERANCE. JULY 15 THRU JULY 28, 2018

Sq. Ft. per floor:

First	_____	Heat Type (Electric, Gas, Other):	_____
Second	_____		
Third	_____		
Garage	_____		
Basement	_____		

Fees:

Item	Contractor	Fees
SE	PUERTO VALLARTA	\$ 0.00
TOTAL FEES:		\$ 0.00

Applicant's Affidavit:

I certify that I have read and examined the information contained within the application and know the same to be true and correct. I also certify that the proposed structure is in conformity with all applicable City of Yelm regulations including those governing zoning and land subdivision, and in addition, all covenants, easements and restrictions of record. If applying as a contractor, I further certify that I am currently registered in the State of Washington.

Signature _____ Date _____

Firm _____

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Sets of Prints: _____
Final Inspection:
Date: _____
By: _____



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Permit No.: **20180235**

Issue Date: **7/10/2018**
(Work must be completed within 180 days)

Applicant:

Name: 253 HOMES LLC
Address: 2605 N WARNER ST
TACOMA WA 98407

Phone: 253-759-5399

Property Information:

Site Address: 15435 COLES CT SE Owner: 253 HOMES LLC

Assessor Parcel No.: 41510001300 Subdivision: COLES LANDING Lot: 13

Contractor Information:

Name: 253 HOMES LLC
Address: 2605 N WARNER ST
TACOMA WA 98407

Phone: _____

Contractor License No.: _____ Expires: 0/00/0000

Project Information:

Project: NEW RESIDENTIAL BUILDING

Description of Work: SFR PLAN 2052 LOT 13
VALUE \$235,252.

Sq. Ft. per floor:	First	<u>849</u>	Heat Type (Electric, Gas, Other): _____
	Second	<u>1203</u>	
	Third	_____	
	Garage	<u>377</u>	
	Basement	_____	

Fees:

Item	Contractor	Fees
NEW RESIDENTIAL BUILDING	253 HOMES LLC	\$23,091.74
MECHANICAL	253 HOMES LLC	\$ 62.00
PLUMBING	253 HOMES LLC	\$ 118.00

TOTAL FEES: \$ 23,271.74

Applicant's Affidavit:

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Permit No.: **20180244**

Issue Date: **7/10/2018**
(Work must be completed within 180 days)

Applicant:

Name: JEFFREY COOK
Address: 10717 VAN NORHOP ST SE
YELM WA 98597

Phone: _____

Property Information:

Site Address: **10717 VAN NORHOP ST SE** Owner: **COOK, JEFFREY**

Assessor Parcel No.: 81580001400 Subdivision: _____ Lot: _____

Contractor Information:

Name: JEFFREY COOK
Address: 10717 VAN NORHOP ST SE
YELM WA 98597

Phone: _____

Contractor License No.: _____ Expires: 0/00/0000

Project Information:

Project: MECHANICAL

Description of Work: INSTALL GAS FURNACE; INSTALL AC

Sq. Ft. per floor:	First	Heat Type (Electric, Gas, Other):
	Second	_____
	Third	_____
	Garage	_____
	Basement	_____

Fees:

Item	Contractor	Fees
MECHANICAL	RANGER HEATING & COOLING LLC	\$ 29.50
TOTAL FEES:		\$ 29.50

Applicant's Affidavit:

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Permit No.: **20180248**

Issue Date: **7/12/2018**
(Work must be completed within 180 days)

Applicant:

Name: CODY ROWLAND
Address: 15423 COLE CT SE
YELM WA 98597

Phone: _____

Property Information:

Site Address: **15423 COLE CT SE** Owner: **COLE ROWLAND**

Assessor Parcel No.: _____ Subdivision: _____ Lot: _____

Contractor Information:

Name: CODY ROWLAND
Address: 15423 COLE CT SE
YELM WA 98597

Phone: _____

Contractor License No.: _____ Expires: 0/00/0000

Project Information:

Project: MECHANICAL

Description of Work:

Sq. Ft. per floor:	First	Heat Type (Electric, Gas, Other):
	Second	_____
	Third	_____
	Garage	_____
	Basement	_____

Fees:

Item	Contractor	Fees
MECHANICAL	CODY ROWLAND	\$ 29.50
TOTAL FEES:		\$ 29.50

Applicant's Affidavit:

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Permit No.: **20180250**

Issue Date: **7/02/2018**
(Work must be completed within 180 days)

Applicant:

Name: JESSICA BELL
Address: 310 STELLA CT NW
YELM WA 98597

Phone: 253-335-9655

Property Information:

Site Address: **310 STELLA CT NW** Owner: TYPE CURRENT OWNER NAME

Assessor Parcel No.: 80550001100 Subdivision: TRUMP PLACE Lot: 11

Contractor Information:

Name: JESSICA BELL
Address: 310 STELLA CT NW
YELM WA 98597

Phone: _____

Contractor License No.: _____ Expires: 0/00/0000

Project Information:

Project: RESIDENTIAL ADDITION

Description of Work: ENCLOSED EXISTING 100 SQ FT PORCH
VALUE: \$11,600.

Sq. Ft. per floor:	First	_____	Heat Type (Electric, Gas, Other):	_____
	Second	_____		
	Third	_____		
	Garage	_____		
	Basement	_____		

Fees:

Item	Contractor	Fees
BUILDING	PER-SPEK-TIV	\$ 246.06
TOTAL FEES:		\$ 246.06

Applicant's Affidavit:

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Permit No.: **20180251**

Issue Date: **7/02/2018**
(Work must be completed within 180 days)

Applicant:

Name: JAKE & ANDREA GEDDES
Address: 9922 JENSEN DR SE
YELM WA 98597

Phone: 801-336-8912

Property Information:

Site Address: 9922 JENSEN DR SE Owner: JAKE GEDDES

Assessor Parcel No.: _____ Subdivision: _____ Lot: _____

Contractor Information:

Name: SOUND HEATING & AC
Address: 5526 184TH ST. E, STE. A
PUYALLUP WA 98375

Phone: _____

Contractor License No.: _____ Expires: 0/00/0000

Project Information:

Project: MECHANICAL

Description of Work:

Sq. Ft. per floor:	First	Heat Type (Electric, Gas, Other):
	Second	_____
	Third	_____
	Garage	_____
	Basement	_____

Fees:

Item	Contractor	Fees
MECHANICAL	JAKE & ANDREA GEDDES	\$ 29.50
TOTAL FEES:		\$ 29.50

Applicant's Affidavit:

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Permit No.: **20180252**

Issue Date: **7/02/2018**
(Work must be completed within 180 days)

Applicant:

Name: WAVE BROADBAND
Address: 401 PARKPLACE CENTER
KIRKLAND WA 98033

Phone: _____

Property Information:

Site Address: **10605 CARTER ST** Owner: _____

Assessor Parcel No.: _____ Subdivision: _____ Lot: _____

Contractor Information:

Name: WAVE BROADBAND
Address: CHRISTOPHER GIBSON
401 PARKPLACE CENTER
KIRKLAND WA 98033

Phone: _____

Contractor License No.: _____ Expires: 0/00/0000

Project Information:

Project: CIVL CIVIL PLAN REVIEW

Description of Work: INSTALL CONDUIT AND FIBER PLEASE EMAIL CHRISTOPHER AT
CHRISTOPHER.GIBSON@WAVEBROADBAND.COM

Sq. Ft. per floor:	First	Heat Type (Electric, Gas, Other):	_____
	Second		_____
	Third		_____
	Garage		_____
	Basement		_____

Fees:

Item	Contractor	Fees
RIGHT OF WAY	WAVE BROADBAND	\$ 125.00
TOTAL FEES:		\$ 125.00

Applicant's Affidavit:

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Permit No.: **20180253**

Issue Date: **7/02/2018**

(Work must be completed within 180 days)

Applicant:

Name: SYNERGY SERVICES LLC
Address: 8617 MARTIN WAY E
LACEY WA 98516

Phone: _____

Property Information:

Site Address: **207 MCKENZIE CT SW**

Owner: STUPIN, VASILLY

Assessor Parcel No.: _____ Subdivision: _____ Lot: _____

Contractor Information:

Name: SYNERGY SERVICES LLC
Address: 8617 MARTIN WAY E
LACEY WA 98516

Phone: _____

Contractor License No.: _____ Expires: 0/00/0000

Project Information:

Project: RESIDENTIAL REMODEL

Description of Work:

Sq. Ft. per floor:	First	Heat Type (Electric, Gas, Other):
	Second	_____
	Third	_____
	Garage	_____
	Basement	_____

Fees:

Item	Contractor	Fees
BUILDING	SYNERGY SERVICES LLC	\$ 411.25
ROOF	SYNERGY SERVICES LLC	\$ 25.00

TOTAL FEES: \$ 436.25

Applicant's Affidavit:

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Permit No.: **20180254**

Issue Date: **7/03/2018**
(Work must be completed within 180 days)

Applicant:

Name: BLACK HILLS, INC
Address: 1003 85TH AVE SE
OLYMPIA WA 98501

Phone: 360-239-3776

Property Information:

Site Address: 15227 100TH AVE Owner: BLACK HILLS INC

Assessor Parcel No.: _____ Subdivision: _____ Lot: _____

Contractor Information:

Name: BLACK HILLS, INC
Address: 1003 85TH AVE SE
OLYMPIA WA 98501

Phone: _____

Contractor License No.: _____ Expires: 0/00/0000

Project Information:

Project: MECHANICAL

Description of Work:

Sq. Ft. per floor:	First	Heat Type (Electric, Gas, Other):
	Second	_____
	Third	_____
	Garage	_____
	Basement	_____

Fees:

Item	Contractor	Fees
MECHANICAL	BLACK HILLS, INC	\$ 29.50
TOTAL FEES:		\$ 29.50

Applicant's Affidavit:

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Permit No.: **20180257**

Issue Date: **7/05/2018**
(Work must be completed within 180 days)

Applicant:

Name: CHRISTINE DARSOW
Address: 715 YELM AVE E
YELM WA 98597

Phone: 360-400-5893

Property Information:

Site Address: 715 E YELM STE 1 Owner: _____

Assessor Parcel No.: _____ Subdivision: _____ Lot: _____

Contractor Information:

Name: CHRISTINE DARSOW
Address: 715 YELM AVE E
YELM WA 98597

Phone: _____

Contractor License No.: _____ Expires: 0/00/0000

Project Information:

Project: GRAND OPENING

Description of Work: GRAND OPENING JULY 19 - JULY 21 2018

Sq. Ft. per floor:	First	Heat Type (Electric, Gas, Other):
	Second	_____
	Third	_____
	Garage	_____
	Basement	_____

Fees:

Item	Contractor	Fees
SE	CHRISTINE DARSOW	\$ 0.00
TOTAL FEES:		\$ 0.00

Applicant's Affidavit:

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Permit No.: **20180258**

Issue Date: **7/06/2018**
(Work must be completed within 180 days)

Applicant:

Name: ASPLUNDH
Address: 2711 PACIFIC AVE
OLYMPIA WA 98502

Phone: _____

Property Information:

Site Address: **10344 WEST RD SE** Owner: _____

Assessor Parcel No.: 64303601702 Subdivision: _____ Lot: _____

Contractor Information:

Name: ASPLUNDH
Address: 2711 PACIFIC AVE
OLYMPIA WA 98502

Phone: _____

Contractor License No.: _____ Expires: 0/00/0000

Project Information:

Project: RIGHT OF WAY

Description of Work:

Sq. Ft. per floor:	First	_____	Heat Type (Electric, Gas, Other):	_____
	Second	_____		
	Third	_____		
	Garage	_____		
	Basement	_____		

Fees:

Item	Contractor	Fees
RIGHT OF WAY	ASPLUNDH	\$ 125.00
TOTAL FEES:		\$ 125.00

Applicant's Affidavit:

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Permit No.: **20180260**

Issue Date: **7/10/2018**
(Work must be completed within 180 days)

Applicant:

Name: Elite Roofing
Address: 4212 Park Dr SW
Olympia WA 98512

Phone: _____

Property Information:

Site Address: **14911 Prairie Vista Lp SE**

Owner: TYPE CURRENT OWNER
NAME

Assessor Parcel No.: _____ Subdivision: _____ Lot: _____

Contractor Information:

Name: Elite Roofing
Address: 4212 Park Dr SW
Olympia WA 98512

Phone: _____

Contractor License No.: _____ Expires: 0/00/0000

Project Information:

Project: ROOF

Description of Work:

Sq. Ft. per floor:	First	_____	Heat Type (Electric, Gas, Other):	_____
	Second	_____		
	Third	_____		
	Garage	_____		
	Basement	_____		

Fees:

Item	Contractor	Fees
ROOF	Elite Roofing	\$ 25.00
TOTAL FEES:		\$ 25.00

Applicant's Affidavit:

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Permit No.: **20180261**

Issue Date: **7/10/2018**
(Work must be completed within 180 days)

Applicant:

Name: Elite Roofing
Address: 4212 Park Dr SW
Olympia WA 98512

Phone: _____

Property Information:

Site Address: **14909 Prairie Vista Lp SE** Owner: Frank Marshall

Assessor Parcel No.: _____ Subdivision: _____ Lot: _____

Contractor Information:

Name: Elite Roofing
Address: 4212 Park Dr SW
Olympia WA 98512

Phone: _____

Contractor License No.: _____ Expires: 0/00/0000

Project Information:

Project: ROOF

Description of Work:

Sq. Ft. per floor: First _____ Heat Type (Electric, Gas, Other): _____
Second _____
Third _____
Garage _____
Basement _____

Fees:

Item	Contractor	Fees
ROOF	Elite Roofing	\$ 25.00
TOTAL FEES:		\$ 25.00

Applicant's Affidavit:

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Permit No.: **20180262**

Issue Date: **7/10/2018**
(Work must be completed within 180 days)

Applicant:

Name: BLACKHILLS INC
Address: 1003 85TH AVE
OLYMPIA WA 98501

Phone: _____

Property Information:

Site Address: **14941 105TH AVE SE** Owner: **BLACK HILLS INC**

Assessor Parcel No.: 65080002500 Subdivision: _____ Lot: _____

Contractor Information:

Name: BLACKHILLS INC
Address: 1003 85TH AVE
OLYMPIA WA 98501

Phone: _____

Contractor License No.: _____ Expires: 0/00/0000

Project Information:

Project: MECHANICAL

Description of Work:

Sq. Ft. per floor:	First	Heat Type (Electric, Gas, Other):
	Second	_____
	Third	_____
	Garage	_____
	Basement	_____

Fees:

Item	Contractor	Fees
MECHANICAL	BLACKHILLS INC	\$ 29.50
TOTAL FEES:		\$ 29.50

Applicant's Affidavit:

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Permit No.: **20180263**

Issue Date: **7/10/2018**
(Work must be completed within 180 days)

Applicant:

Name: WAVE BROADBAND
Address: 401 PARKPLACE CENTER
KIRKLAND WA 98033

Phone: _____

Property Information:

Site Address: **402 YELM AVE E**

Owner: YELM COMMUNITY SCHOOLS

Assessor Parcel No.: _____ Subdivision: _____ Lot: _____

Contractor Information:

Name: WAVE BROADBAND
Address: CHRISTOPHER GIBSON
401 PARKPLACE CENTER
KIRKLAND WA 98033

Phone: _____

Contractor License No.: _____ Expires: 0/00/0000

Project Information:

Project: BUILDING

Description of Work:

Sq. Ft. per floor:	First	_____	Heat Type (Electric, Gas, Other):	_____
	Second	_____		
	Third	_____		
	Garage	_____		
	Basement	_____		

Fees:

Item	Contractor	Fees
RIGHT OF WAY	WAVE BROADBAND	\$ 125.00
TOTAL FEES:		\$ 125.00

Applicant's Affidavit:

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Permit No.: **20180264**

Issue Date: **7/10/2018**
(Work must be completed within 180 days)

Applicant:

Name: WAVE BROADBAND
Address: 401 PARKPLACE CENTER
KIRKLAND WA 98033

Phone: _____

Property Information:

Site Address: **1315 YELM AVE W**

Owner: YELM COMMUNITY SCHOOLS

Assessor Parcel No.: 21724210500 Subdivision: N/A Lot: N/A

Contractor Information:

Name: WAVE BROADBAND
Address: CHRISTOPHER GIBSON
401 PARKPLACE CENTER
KIRKLAND WA 98033

Phone: _____

Contractor License No.: _____ Expires: 0/00/0000

Project Information:

Project: BUILDING

Description of Work:

Sq. Ft. per floor:	First	_____	Heat Type (Electric, Gas, Other):	_____
	Second	_____		
	Third	_____		
	Garage	_____		
	Basement	_____		

Fees:

Item	Contractor	Fees
RIGHT OF WAY	WAVE BROADBAND	\$ 125.00
TOTAL FEES:		\$ 125.00

Applicant's Affidavit:

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Permit No.: **20180265**

Issue Date: **7/10/2018**
(Work must be completed within 180 days)

Applicant:

Name: SOUND HEATING & AC
Address: 5526 184TH ST. E, STE. A
PUYALLUP WA 98375

Phone: 253- 875-3350

Property Information:

Site Address: 10030 JENSEN DR SE Owner: ADAM PICKENS

Assessor Parcel No.: _____ Subdivision: _____ Lot: _____

Contractor Information:

Name: SOUND HEATING & AC
Address: CURTIS HOOD
5526 184TH ST. E, STE. A
PUYALLUP WA 98375

Phone: _____

Contractor License No.: _____ Expires: 0/00/0000

Project Information:

Project: MECHANICAL

Description of Work:

Sq. Ft. per floor:	First	Heat Type (Electric, Gas, Other):
	Second	_____
	Third	_____
	Garage	_____
	Basement	_____

Fees:

Item	Contractor	Fees
MECHANICAL	SOUND HEATING & AC	\$ 29.50
TOTAL FEES:		\$ 29.50

Applicant's Affidavit:

I certify that I have read and examined the information contained within the application and know the same to be true and correct. I also certify that the proposed structure is in conformity with all applicable City of Yelm regulations including those governing zoning and land subdivision, and in addition, all covenants, easements and restrictions of record. If applying as a contractor, I further certify that I am currently registered in the State of Washington.

Signature _____ Date _____

Firm _____

OFFICIAL USE ONLY
Sets of Prints: _____
Final Inspection:
Date: _____
By: _____



City of Yelm

Community Development Department

Building Division

Phone: (360) 458-8407

Fax: (360) 458-3144

Permit No.: **20180267**

Issue Date: **7/25/2018**
(Work must be completed within 180 days)

Applicant:

Name: ESCO PACIFIC SIGN
Address: 627 N.W. MIDDLE ST.
CHEHALIS WA 98532

Phone: 360-748-6461

Property Information:

Site Address: **502 YELM AVE W** Owner: JUDD & SARAH SHERMAN

Assessor Parcel No.: 21724142300 Subdivision: _____ Lot: _____

Contractor Information:

Name: ESCO PACIFIC SIGN
Address: 627 N.W. MIDDLE ST.
CHEHALIS WA 98532

Phone: 360-748-6461

Contractor License No.: ESCOPSI233N Expires: 12/31/2009

Project Information:

Project: SIGN

Description of Work: TWO SIGN 22 SQ. FT. EACH

Sq. Ft. per floor:	First	Heat Type (Electric, Gas, Other):
	Second	_____
	Third	_____
	Garage	_____
	Basement	_____

Fees:

Item	Contractor	Fees
SIGN	ESCO PACIFIC SIGN	\$ 250.00
TOTAL FEES:		\$ 250.00

Applicant's Affidavit:

I certify that I have read and examined the information contained within the application and know the same to be true and correct. I also certify that the proposed structure is in conformity with all applicable City of Yelm regulations including those governing zoning and land subdivision, and in addition, all covenants, easements and restrictions of record. If applying as a contractor, I further certify that I am currently registered in the State of Washington.

Signature _____ Date _____

Firm _____

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Date: _____
By: _____



City of Yelm

Community Development Department

Building Division

Phone: (360) 458-8407

Fax: (360) 458-3144

Permit No.: **20180268**

Issue Date: **7/12/2018**
(Work must be completed within 180 days)

Applicant:

Name: WAVE BROADBAND
Address: 401 PARKPLACE CENTER
KIRKLAND WA 98033

Phone: _____

Property Information:

Site Address: **16525 100 TH WAY** Owner: _____

Assessor Parcel No.: _____ Subdivision: _____ Lot: _____

Contractor Information:

Name: WAVE BROADBAND
Address: CHRISTOPHER GIBSON
401 PARKPLACE CENTER
KIRKLAND WA 98033

Phone: _____

Contractor License No.: _____ Expires: 0/00/0000

Project Information:

Project: RIGHT OF WAY PERMIT

Description of Work:

Sq. Ft. per floor:	First	Heat Type (Electric, Gas, Other):
	Second	_____
	Third	_____
	Garage	_____
	Basement	_____

Fees:

Item	Contractor	Fees
RIGHT OF WAY	WAVE BROADBAND	\$ 125.00
TOTAL FEES:		\$ 125.00

Applicant's Affidavit:

I certify that I have read and examined the information contained within the application and know the same to be true and correct. I also certify that the proposed structure is in conformity with all applicable City of Yelm regulations including those governing zoning and land subdivision, and in addition, all covenants, easements and restrictions of record. If applying as a contractor, I further certify that I am currently registered in the State of Washington.

Signature _____ Date _____

Firm _____

OFFICIAL USE ONLY
Sets of Prints: _____
Final Inspection:
Date: _____
By: _____



City of Yelm

Community Development Department

Building Division

Phone: (360) 458-8407

Fax: (360) 458-3144

Permit No.: **20180272**

Issue Date: **7/17/2018**
(Work must be completed within 180 days)

Applicant:

Name: WAVE BROADBAND
Address: 401 PARKPLACE CENTER
KIRKLAND WA 98033

Phone: _____

Property Information:

Site Address: **16535 110TH AVE SE** Owner: _____

Assessor Parcel No.: _____ Subdivision: _____ Lot: _____

Contractor Information:

Name: WAVE BROADBAND
Address: CHRISTOPHER GIBSON
401 PARKPLACE CENTER
KIRKLAND WA 98033

Phone: _____

Contractor License No.: _____ Expires: 0/00/0000

Project Information:

Project: RIGHT OF WAY PERMIT

Description of Work:

Sq. Ft. per floor:	First	Heat Type (Electric, Gas, Other):
	Second	_____
	Third	_____
	Garage	_____
	Basement	_____

Fees:

Item	Contractor	Fees
RIGHT OF WAY	WAVE BROADBAND	\$ 125.00
TOTAL FEES:		\$ 125.00

Applicant's Affidavit:

I certify that I have read and examined the information contained within the application and know the same to be true and correct. I also certify that the proposed structure is in conformity with all applicable City of Yelm regulations including those governing zoning and land subdivision, and in addition, all covenants, easements and restrictions of record. If applying as a contractor, I further certify that I am currently registered in the State of Washington.

Signature _____ Date _____

Firm _____

OFFICIAL USE ONLY
Sets of Prints: _____
Final Inspection:
Date: _____
By: _____



City of Yelm
 Community Development Department
 Building Division
 Phone: (360) 458-8407
 Fax: (360) 458-3144

Permit No.: **20180273**
 Issue Date: **7/23/2018**
 (Work must be completed within 180 days)

Applicant:

Name: BRENNAN HEATING Phone: 206-248-7900
 Address: 4601 S 134TH PL
 SEATTLE WA 98168

Property Information:

Site Address: 10409 BRIGHTON ST SE Owner: CODY COLT

Assessor Parcel No.: _____ Subdivision: _____ Lot: _____

Contractor Information:

Name: BRENNAN HEATING Phone: _____
 Address: 4601 S 134TH PL
 SEATTLE WA 98168

Contractor License No.: _____ Expires: 0/00/0000

Project Information:

Project: MECHANICAL

Description of Work: INSTALL A 2 TON AC 15' FROM THE PROPERTY LINE

Sq. Ft. per floor: First Heat Type (Electric, Gas, Other): _____
 Second _____
 Third _____
 Garage _____
 Basement _____

Fees:

Item	Contractor	Fees
MECHANICAL	BRENNAN HEATING	\$ 29.50
TOTAL FEES:		\$ 29.50

Applicant's Affidavit:

I certify that I have read and examined the information contained within the application and know the same to be true and correct. I also certify that the proposed structure is in conformity with all applicable City of Yelm regulations including those governing zoning and land subdivision, and in addition, all covenants, easements and restrictions of record. If applying as a contractor, I further certify that I am currently registered in the State of Washington.

Signature _____ Date _____
 Firm _____

OFFICIAL USE ONLY
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Final Inspection:
Date: _____
By: _____



City of Yelm

Community Development Department

Building Division

Phone: (360) 458-8407

Fax: (360) 458-3144

Permit No.: **20180274**

Issue Date: **7/27/2018**
(Work must be completed within 180 days)

Applicant:

Name: JARRET & CRYSTA ANTAL
Address: 14980 101ST AVE SE
YELM WA 98597

Phone: 330-617-3505

Property Information:

Site Address: 14980 101ST AVE SE Owner: CRYSTAL ANTAL

Assessor Parcel No.: _____ Subdivision: _____ Lot: _____

Contractor Information:

Name: BLUE LINE HVAC
Address: 4227 S Meridian Suite 250
Puyallup WA 98373

Phone: _____

Contractor License No.: BLUEL2H841N2 Expires: 8/29/2018

Project Information:

Project: MECHANICAL

Description of Work: REPLACE HEAT PUMP SYSTEM LIKE FOR LIKE

Sq. Ft. per floor:	First	Heat Type (Electric, Gas, Other):
	Second	_____
	Third	_____
	Garage	_____
	Basement	_____

Fees:

Item	Contractor	Fees
MECHANICAL	JARRET & CRYSTA ANTAL	\$ 29.50
TOTAL FEES:		\$ 29.50

Applicant's Affidavit:

I certify that I have read and examined the information contained within the application and know the same to be true and correct. I also certify that the proposed structure is in conformity with all applicable City of Yelm regulations including those governing zoning and land subdivision, and in addition, all covenants, easements and restrictions of record. If applying as a contractor, I further certify that I am currently registered in the State of Washington.

Signature _____ Date _____

Firm _____

OFFICIAL USE ONLY
Sets of Prints: _____
Final Inspection:
Date: _____
By: _____



City of Yelm

Community Development Department

Building Division

Phone: (360) 458-8407

Fax: (360) 458-3144

Permit No.: **20180277**

Issue Date: **7/19/2018**
(Work must be completed within 180 days)

Applicant:

Name: TRIAD THEATER
Address: 102 YELM AVE E
YELM WA 98597

Phone: 702-845-5925

Property Information:

Site Address: **102 YELM AVE E** Owner: _____

Assessor Parcel No.: _____ Subdivision: _____ Lot: _____

Contractor Information:

Name: TRIAD THEATER
Address: 102 YELM AVE E
YELM WA 98597

Phone: _____

Contractor License No.: _____ Expires: 0/00/0000

Project Information:

Project: OTHER SPECIAL EVENT

Description of Work:

Sq. Ft. per floor:	First	Heat Type (Electric, Gas, Other):
	Second	_____
	Third	_____
	Garage	_____
	Basement	_____

Fees:

Item	Contractor	Fees
SE	TRIAD THEATER	\$ 0.00
TOTAL FEES:		\$ 0.00

Applicant's Affidavit:

I certify that I have read and examined the information contained within the application and know the same to be true and correct. I also certify that the proposed structure is in conformity with all applicable City of Yelm regulations including those governing zoning and land subdivision, and in addition, all covenants, easements and restrictions of record. If applying as a contractor, I further certify that I am currently registered in the State of Washington.

Signature _____ Date _____

Firm _____

OFFICIAL USE ONLY
Sets of Prints: _____
Final Inspection:
Date: _____
By: _____



City of Yelm

Community Development Department

Building Division

Phone: (360) 458-8407

Fax: (360) 458-3144

Permit No.: **20180278**

Issue Date: **7/23/2018**
(Work must be completed within 180 days)

Applicant:

Name: SOUND HEATING & AC
Address: 5526 184TH ST. E, STE. A
PUYALLUP WA 98375

Phone: 253- 875-3350

Property Information:

Site Address: 9939 JENSEN DR SE Owner: TYPE CURRENT OWNER NAME

Assessor Parcel No.: 78640102600 Subdivision: TAHOMA TERRA Lot: 26

Contractor Information:

Name: SOUND HEATING & AC
Address: 5526 184TH ST. E, STE. A
PUYALLUP WA 98375

Phone: _____

Contractor License No.: _____ Expires: 0/00/0000

Project Information:

Project: MECHANICAL

Description of Work: ADD A/C SYSTEM

Sq. Ft. per floor:	First	_____	Heat Type (Electric, Gas, Other):	_____
	Second	_____		
	Third	_____		
	Garage	_____		
	Basement	_____		

Fees:

Item	Contractor	Fees
MECHANICAL	SOUND HEATING & AC	\$ 29.50
TOTAL FEES:		\$ 29.50

Applicant's Affidavit:

I certify that I have read and examined the information contained within the application and know the same to be true and correct. I also certify that the proposed structure is in conformity with all applicable City of Yelm regulations including those governing zoning and land subdivision, and in addition, all covenants, easements and restrictions of record. If applying as a contractor, I further certify that I am currently registered in the State of Washington.

Signature _____ Date _____
Firm _____

OFFICIAL USE ONLY
Sets of Prints: _____
Final Inspection:
Date: _____
By: _____



City of Yelm

Community Development Department

Building Division

Phone: (360) 458-8407

Fax: (360) 458-3144

Permit No.: **20180279**

Issue Date: **7/30/2018**
(Work must be completed within 180 days)

Applicant:

Name: BOB'S HEATING & AIR
Address: 14148 NE 190TH ST
WOODINVILLE WA 98072

Phone: 800-840-3346

Property Information:

Site Address: 14477 100TH AVE SE Owner: JENNIFER SHERWOOD

Assessor Parcel No.: _____ Subdivision: _____ Lot: _____

Contractor Information:

Name: BOB'S HEATING & AIR
Address: 14148 NE 190TH ST
WOODINVILLE WA 98072

Phone: _____

Contractor License No.: _____ Expires: 0/00/0000

Project Information:

Project: MECHANICAL

Description of Work:

Sq. Ft. per floor:	First	Heat Type (Electric, Gas, Other):
	Second	_____
	Third	_____
	Garage	_____
	Basement	_____

Fees:

Item	Contractor	Fees
MECHANICAL	BOB'S HEATING & AIR	\$ 29.50
TOTAL FEES:		\$ 29.50

Applicant's Affidavit:

I certify that I have read and examined the information contained within the application and know the same to be true and correct. I also certify that the proposed structure is in conformity with all applicable City of Yelm regulations including those governing zoning and land subdivision, and in addition, all covenants, easements and restrictions of record. If applying as a contractor, I further certify that I am currently registered in the State of Washington.

Signature _____ Date _____

Firm _____

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Final Inspection:
Date: _____
By: _____



City of Yelm

Community Development Department

Building Division

Phone: (360) 458-8407

Fax: (360) 458-3144

Permit No.: **20180280**

Issue Date: **7/24/2018**
(Work must be completed within 180 days)

Applicant:

Name: MITCHELL DEVELOPMENT
Address: 910 TRAFFIC AVE
SUMNER WA 98390

Phone: _____

Property Information:

Site Address: **9306 MOUNTAIN VIEW RD** Owner: _____

Assessor Parcel No.: 21713430200 Subdivision: THE HUTCH Lot: _____

Contractor Information:

Name: MITCHELL DEVELOPMENT
Address: PHIL MITCHELL
910 TRAFFIC AVE
SUMNER WA 98390

Phone: _____

Contractor License No.: _____ Expires: 0/00/0000

Project Information:

Project: SUBDIVISION

Description of Work:

Sq. Ft. per floor:	First	Heat Type (Electric, Gas, Other):
	Second	_____
	Third	_____
	Garage	_____
	Basement	_____

Fees:

Item	Contractor	Fees
SUBDIVISION	AHBL INC	\$ 2,000.00
TOTAL FEES:		\$ 2,000.00

Applicant's Affidavit:

I certify that I have read and examined the information contained within the application and know the same to be true and correct. I also certify that the proposed structure is in conformity with all applicable City of Yelm regulations including those governing zoning and land subdivision, and in addition, all covenants, easements and restrictions of record. If applying as a contractor, I further certify that I am currently registered in the State of Washington.

Signature _____ Date _____

Firm _____

OFFICIAL USE ONLY
Sets of Prints: _____
Final Inspection:
Date: _____
By: _____



City of Yelm

Community Development Department

Building Division

Phone: (360) 458-8407

Fax: (360) 458-3144

Permit No.: **20180281**

Issue Date: **7/24/2018**
(Work must be completed within 180 days)

Applicant:

Name: KING CRONC
Address: 1110 E YELM AVE #C
YELM WA 98597

Phone: _____

Property Information:

Site Address: **1110 YELM AVE #C**

Owner: TYPE CURRENT OWNER
NAME

Assessor Parcel No.: _____ Subdivision: _____ Lot: _____

Contractor Information:

Name: KING CRONC
Address: 1110 E YELM AVE #C
YELM WA 98597

Phone: _____

Contractor License No.: _____ Expires: 0/00/0000

Project Information:

Project: SIGN

Description of Work: SINGLE WALL SIGN

Sq. Ft. per floor:

First _____
Second _____
Third _____
Garage _____
Basement _____

Heat Type (Electric, Gas, Other): _____

Fees:

Item	Contractor	Fees
SIGN	KING CRONC	\$ 125.00

TOTAL FEES: \$ 125.00

Applicant's Affidavit:

I certify that I have read and examined the information contained within the application and know the same to be true and correct. I also certify that the proposed structure is in conformity with all applicable City of Yelm regulations including those governing zoning and land subdivision, and in addition, all covenants, easements and restrictions of record. If applying as a contractor, I further certify that I am currently registered in the State of Washington.

Signature _____ Date _____

Firm _____

OFFICIAL USE ONLY
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Final Inspection:
Date: _____
By: _____



City of Yelm

Community Development Department

Building Division

Phone: (360) 458-8407

Fax: (360) 458-3144

Permit No.: **20180282**

Issue Date: **7/24/2018**
(Work must be completed within 180 days)

Applicant:

Name: CRONIC VAPE AND PIPE
Address: 1110 E YELM AVE #B
 YELM WA 98597

Phone: _____

Property Information:

Site Address: **1110 E YELM AVE #B**

Owner: TYPE CURRENT OWNER
 NAME

Assessor Parcel No.: _____ Subdivision: _____ Lot: _____

Contractor Information:

Name: CRONIC VAPE AND PIPE
Address: 1110 E YELM AVE #B
 YELM WA 98597

Phone: _____

Contractor License No.: _____ Expires: 0/00/0000

Project Information:

Project: SIGN

Description of Work: SINGLE WALL SIGN

Sq. Ft. per floor:

First _____
Second _____
Third _____
Garage _____
Basement _____

Heat Type (Electric, Gas, Other): _____

Fees:

Item	Contractor	Fees
SIGN	CRONIC VAPE AND PIPE	\$ 125.00

TOTAL FEES: \$ 125.00

Applicant's Affidavit:

I certify that I have read and examined the information contained within the application and know the same to be true and correct. I also certify that the proposed structure is in conformity with all applicable City of Yelm regulations including those governing zoning and land subdivision, and in addition, all covenants, easements and restrictions of record. If applying as a contractor, I further certify that I am currently registered in the State of Washington.

Signature _____ Date _____

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City of Yelm

Community Development Department

Building Division

Phone: (360) 458-8407

Fax: (360) 458-3144

Permit No.: **20180283**

Issue Date: **7/24/2018**
(Work must be completed within 180 days)

Applicant:

Name: SOUNDBUILT HOMES
Address: PO BOX 73790
PUYALLUP WA 98373

Phone: _____

Property Information:

Site Address: **9957 JACKSON ST** Owner: _____

Assessor Parcel No.: _____ Subdivision: _____ Lot: _____

Contractor Information:

Name: SOUNDBUILT HOMES
Address: PO BOX 73790
PUYALLUP WA 98373

Phone: _____

Contractor License No.: _____ Expires: 0/00/0000

Project Information:

Project: IRRIGATION

Description of Work: IRRIGATION METER TRACT D TAHOMA TERRA

Sq. Ft. per floor:	First	Heat Type (Electric, Gas, Other):
	Second	_____
	Third	_____
	Garage	_____
	Basement	_____

Fees:

Item	Contractor	Fees
WATER	SOUNDBUILT HOMES	\$ 300.00
TOTAL FEES:		\$ 300.00

Applicant's Affidavit:

I certify that I have read and examined the information contained within the application and know the same to be true and correct. I also certify that the proposed structure is in conformity with all applicable City of Yelm regulations including those governing zoning and land subdivision, and in addition, all covenants, easements and restrictions of record. If applying as a contractor, I further certify that I am currently registered in the State of Washington.

Signature _____ Date _____

Firm _____

OFFICIAL USE ONLY
Sets of Prints: _____
Final Inspection:
Date: _____
By: _____



City of Yelm

Community Development Department

Building Division

Phone: (360) 458-8407

Fax: (360) 458-3144

Permit No.: **20180284**

Issue Date: **7/25/2018**
(Work must be completed within 180 days)

Applicant:

Name: WHITE HORSE TAVERN LLC
Address: PO BOX 876
YELM WA 98597

Phone: 360-458-4555

Property Information:

Site Address: **107 YELM AVE E** Owner: _____

Assessor Parcel No.: _____ Subdivision: _____ Lot: _____

Contractor Information:

Name: WHITE HORSE TAVERN LLC
Address: KYLE PHILLIPS
PO BOX 876
YELM WA 98597

Phone: _____

Contractor License No.: _____ Expires: 0/00/0000

Project Information:

Project: OTHER SPECIAL EVENT

Description of Work: BEER GARDEN 7/24/2018 THROUGH 8/7/2018

Sq. Ft. per floor:	First	Heat Type (Electric, Gas, Other):
	Second	_____
	Third	_____
	Garage	_____
	Basement	_____

Fees:

Item	Contractor	Fees
SE	WHITE HORSE TAVERN LLC	\$ 0.00
TOTAL FEES:		\$ 0.00

Applicant's Affidavit:

I certify that I have read and examined the information contained within the application and know the same to be true and correct. I also certify that the proposed structure is in conformity with all applicable City of Yelm regulations including those governing zoning and land subdivision, and in addition, all covenants, easements and restrictions of record. If applying as a contractor, I further certify that I am currently registered in the State of Washington.

Signature _____ Date _____

Firm _____

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Sets of Prints: _____
Final Inspection:
Date: _____
By: _____



City of Yelm

Community Development Department

Building Division

Phone: (360) 458-8407

Fax: (360) 458-3144

Permit No.: **20180290**

Issue Date: **7/26/2018**
(Work must be completed within 180 days)

Applicant:

Name: BLACK HILLS INC
Address: 7216 187TH AVE
ROCHESTER WA 98579

Phone: 360-507-6057

Property Information:

Site Address: 15225 104 PI SE Owner: RENITA WALKER

Assessor Parcel No.: _____ Subdivision: _____ Lot: _____

Contractor Information:

Name: BLACK HILLS INC
Address: 7216 187TH AVE
ROCHESTER WA 98579

Phone: _____

Contractor License No.: _____ Expires: 0/00/0000

Project Information:

Project: MECHANICAL

Description of Work: INSTALL TANKLESS WATER HEATER

Sq. Ft. per floor:	First	Heat Type (Electric, Gas, Other):
	Second	_____
	Third	_____
	Garage	_____
	Basement	_____

Fees:

Item	Contractor	Fees
MECHANICAL	BLACK HILLS INC	\$ 29.50
TOTAL FEES:		\$ 29.50

Applicant's Affidavit:

I certify that I have read and examined the information contained within the application and know the same to be true and correct. I also certify that the proposed structure is in conformity with all applicable City of Yelm regulations including those governing zoning and land subdivision, and in addition, all covenants, easements and restrictions of record. If applying as a contractor, I further certify that I am currently registered in the State of Washington.

Signature _____ Date _____

Firm _____

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Date: _____
By: _____



City of Yelm

Community Development Department

Building Division

Phone: (360) 458-8407

Fax: (360) 458-3144

Permit No.: **20180375**

Issue Date: **7/23/2018**
(Work must be completed within 180 days)

Applicant:

Name: BRENNAN HEATING
Address: 4601 S 134TH PL
SEATTLE WA 98168

Phone: 206-248-7900

Property Information:

Site Address: 15417 92ND AVE SE Owner: JESSICA GOGUE

Assessor Parcel No.: _____ Subdivision: _____ Lot: _____

Contractor Information:

Name: BRENNAN HEATING
Address: 4601 S 134TH PL
SEATTLE WA 98168

Phone: _____

Contractor License No.: _____ Expires: 0/00/0000

Project Information:

Project: MECHANICAL

Description of Work: INSTALL 3-TON AC UNIT 20' FROM PROPERTY LINE

Sq. Ft. per floor:	First	Heat Type (Electric, Gas, Other):
	Second	_____
	Third	_____
	Garage	_____
	Basement	_____

Fees:

Item	Contractor	Fees
MECHANICAL	BRENNAN HEATING	\$ 29.50
TOTAL FEES:		\$ 29.50

Applicant's Affidavit:

I certify that I have read and examined the information contained within the application and know the same to be true and correct. I also certify that the proposed structure is in conformity with all applicable City of Yelm regulations including those governing zoning and land subdivision, and in addition, all covenants, easements and restrictions of record. If applying as a contractor, I further certify that I am currently registered in the State of Washington.

Signature _____ Date _____

Firm _____

OFFICIAL USE ONLY
Sets of Prints: _____
Final Inspection:
Date: _____
By: _____