



City of Yelm

Community Development Department

Building Division

Phone: (360) 458-8407

Fax: (360) 458-3144

Permit No.: **20180276**

Issue Date: **10/01/2018**
(Work must be completed within 180 days)

Applicant:

Name: SOUNDBUILT HOMES
Address: PO BOX 73790
PUYALLUP WA 98390

Phone: 253-848-0820

Property Information:

Site Address: **9956 CHARLES ST** Owner: **SOUNDBUILT HOMES**

Assessor Parcel No.: 78640126500 Subdivision: TAHOMA TERRA DIV 2 Lot: 265

Contractor Information:

Name: SOUNDBUILT HOMES
Address: PO BOX 73790
PUYALLUP WA 98390

Phone: _____

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

Project Information:

Project: NEW RESIDENTIAL BUILDING

Description of Work: NEW SINGLE FAMILY RESIDENTIAL PLAN 2482B LOT 265.

Sq. Ft. per floor:	First	<u>1088</u>	Heat Type (Electric, Gas, Other): _____
	Second	<u>1394</u>	
	Third	_____	
	Garage	<u>369</u>	
	Basement	_____	

Fees:

Item	Contractor	Fees
NEW RESIDENTIAL BUILDING	SOUNDBUILT HOMES	\$24,552.84
MECHANICAL	SOUNDBUILT HOMES	\$ 75.25
PLUMBING	SOUNDBUILT HOMES	\$ 118.00

TOTAL FEES: \$ 24,746.09

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:
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Permit No.: **20180294**

Issue Date: **10/01/2018**
(Work must be completed within 180 days)

Applicant:

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

Phone: 253-848-0820

Property Information:

Site Address: **9950 CHARLES ST** Owner: SOUNDBUILT HOMES

Assessor Parcel No.: 78640126600 Subdivision: TAHOMA TERRA DIV 2 Lot: 266

Contractor Information:

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

Phone: _____

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

Project Information:

Project: NEW RESIDENTIAL BUILDING

Description of Work: NEW SINGLE FAMILY RESIDENTIAL LOT 266 PLAN 2385B

Sq. Ft. per floor:	First	<u>1063</u>	Heat Type (Electric, Gas, Other): _____
	Second	<u>1322</u>	
	Third	_____	
	Garage	<u>391</u>	
	Basement	_____	

Fees:

Item	Contractor	Fees
NEW RESIDENTIAL BUILDING	SOUNDBUILT HOMES NW	\$23,865.75
MECHANICAL	SOUNDBUILT HOMES NW	\$ 75.25
PLUMBING	SOUNDBUILT HOMES NW	\$ 125.00
TOTAL FEES:		\$ 24,066.00

Applicant's Affidavit:

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Permit No.: **20180308**

Issue Date: **10/01/2018**
(Work must be completed within 180 days)

Applicant:

Name: SOUNDBUILT NW LLC
Address: 2605 N WARNER ST
TACOMA WA 98407

Phone: 253-848-0820

Property Information:

Site Address: 9970 CHARLES ST. Owner: SOUNDBUILT HOMES

Assessor Parcel No.: 7864012630 Subdivision: TAHOMA TERRA DIV 2 Lot: 263

Contractor Information:

Name: SOUNDBUILT NW 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: NEW SINGLE FAMILY RESIDENTIAL LOT 263 PLAN 2484A.

Sq. Ft. per floor:	First	<u>1088</u>	Heat Type (Electric, Gas, Other): <u>GAS</u>
	Second	<u>1394</u>	
	Third	<u> </u>	
	Garage	<u>369</u>	
	Basement	<u> </u>	

Fees:

Item	Contractor	Fees
NEW RESIDENTIAL BUILDING	SOUNDBUILT NW LLC	\$24,260.96
MECHANICAL	SOUNDBUILT NW LLC	\$ 68.75
PLUMBING	SOUNDBUILT NW LLC	\$ 118.00
TOTAL FEES:		\$ 24,447.71

Applicant's Affidavit:

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Date: _____
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Permit No.: **20180309**

Issue Date: **10/01/2018**

(Work must be completed within 180 days)

Applicant:

Name: SOUNDBUILT NW LLC
Address: PO BOX 73790
PUYALLUP WA 98373

Phone: 253-848-0820

Property Information:

Site Address: 9962 CHARLES ST. Owner: SOUNDBUILT HOMES

Assessor Parcel No.: 7864012640 Subdivision: TAHOMA TERRA DIV 2 Lot: 264

Contractor Information:

Name: SOUNDBUILT NW LLC
Address: PO BOX 73790
PUYALLUP WA 98373

Phone: _____

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

Project Information:

Project: NEW RESIDENTIAL BUILDING

Description of Work: NEW SINGLE FAMILY RESIDENTIAL LOT 264 PLAN # 2853A.

Sq. Ft. per floor:	First	<u>1063</u>	Heat Type (Electric, Gas, Other):	<u>GAS</u>
	Second	<u>1322</u>		
	Third	_____		
	Garage	<u>391</u>		
	Basement	_____		

Fees:

Item	Contractor	Fees
NEW RESIDENTIAL BUILDING	SOUNDBUILT NW LLC	\$24,655.60
MECHANICAL	SOUNDBUILT NW LLC	\$ 205.25
PLUMBING	SOUNDBUILT NW LLC	\$ 118.00

TOTAL FEES: \$ 24,978.85

Applicant's Affidavit:

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Permit No.: **20180344**

Issue Date: **10/04/2018**
(Work must be completed within 180 days)

Applicant:

Name: Advance Sewer Solution INC
Address: 21314 164th Ave E
Graham WA 98338

Phone: _____

Property Information:

Site Address: **211 Washington Ave SE** Owner: **Barry Shaffer**

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

Contractor Information:

Name: Advance Sewer Solution INC
Address: 21314 164th Ave E
Graham WA 98338

Phone: _____

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

Project Information:

Project: PLUMBING

Description of Work: Plumbing Remodel 2 Baths, Kitchen, Laundry, Water heater, 10 Fixtures Early 1900's home.

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

Fees:

Item	Contractor	Fees
PLUMBING	Advance Sewer Solution INC	\$ 90.00
TOTAL FEES:		\$ 90.00

Applicant's Affidavit:

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Permit No.: **20180345**

Issue Date: **10/04/2018**
(Work must be completed within 180 days)

Applicant:

Name: Gravity Coffee
Address: 16518 SR 507
Yelm WA 98597

Phone: _____

Property Information:

Site Address: **16518 SR 507** Owner: Gravity Coffee

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

Contractor Information:

Name: Gravity Coffee
Address: 16518 SR 507
Yelm WA 98597

Phone: _____

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

Project Information:

Project: OTHER SPECIAL EVENT

Description of Work: Grand Opening Weekend Oct. 5th- Oct 7th

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

Fees:

Item	Contractor	Fees
SE	Gravity Coffee	\$ 0.00
TOTAL FEES:		\$ 0.00

Applicant's Affidavit:

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Permit No.: **20180346**

Issue Date: **10/30/2018**
(Work must be completed within 180 days)

Applicant:

Name: Curtis Christopher
Address: 108 NW Circle View DR
Yelm WA 98597

Phone: _____

Property Information:

Site Address: **108 NW Circle View DR** Owner: **CHRISTOPHER CURTIS**

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

Contractor Information:

Name: Curtis Christopher
Address: 108 NW Circle View DR
Yelm WA 98597

Phone: _____

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

Project Information:

Project: DECK AND COVER

Description of Work: BUILDING A 16' X 24' DECK WITH A 16' X 24' COVER

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

Fees:

Item	Contractor	Fees
BUILDING	Curtis Christopher	\$ 368.00
TOTAL FEES:		\$ 368.00

Applicant's Affidavit:

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Permit No.: **20180348**

Issue Date: **10/09/2018**

(Work must be completed within 180 days)

Applicant:

Name: Mecklenburg Construction

Phone: _____

Address: Olympia WA 98501

Property Information:

Site Address: **302 E Yelm Ave**

Owner: Dan Crowe

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

Contractor Information:

Name: Mecklenburg Construction

Phone: _____

Address: Olympia WA 98501

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

Project Information:

Project: COMMERCIAL REMODEL

Description of Work: Tenant Improvement to replace out of code egress door with to code egress window at same location. Window is minimum 5ft x 4ft egress overall dimension

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

Fees:

Item	Contractor	Fees
BUILDING	Mecklenburg Construction	\$ 83.25
TOTAL FEES:		\$ 83.25

Applicant's Affidavit:

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Permit No.: **20180349**

Issue Date: **10/09/2018**
(Work must be completed within 180 days)

Applicant:

Name: COMCAST CABLE COMM. MNGMT, LLC
Address: 1701 JFK BLVD. 32ND FLOOR
PHILADELPHIA PA 19103

Phone: 215-286-7557

Property Information:

Site Address: 15428 KAYLA ST SE Owner: _____

Assessor Parcel No.: 41610012000 Subdivision: CHERRY MEADOWS Lot: 120

Contractor Information:

Name: COMCAST CABLE COMM. MNGMT, LLC
Address: TOM DONNELLY
1701 JFK BLVD. 32ND FLOOR
PHILADELPHIA PA 19103

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	COMCAST CABLE COMM. MNGMT, LLC	\$ 250.00
TOTAL FEES:		\$ 250.00

Applicant's Affidavit:

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Permit No.: **20180350**

Issue Date: **10/10/2018**

(Work must be completed within 180 days)

Applicant:

Name: CHUNK JUNK
Address: 15311 104TH AVE SE
YELM WA 98597

Phone: _____

Property Information:

Site Address: **15311 104TH AVE SE** Owner: _____

Assessor Parcel No.: 21725110703 Subdivision: N/A Lot: _____

Contractor Information:

Name: CHUNK JUNK
Address: CHUCK ROGERS
15311 104TH AVE SE
YELM WA 98597

Phone: _____

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

Project Information:

Project: HOME OCCUPATION PERMIT

Description of Work: HOME OFFICE FOR HULK HAULER BUSINESS

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

Fees:

Item	Contractor	Fees
HOME OCCUPATON PERMIT	CHUNK JUNK	\$ 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.

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Permit No.: **20180351**

Issue Date: **10/11/2018**

(Work must be completed within 180 days)

Applicant:

Name: KEVIN DOWNEY
Address: 213 YELM AVE W
YELM WA 98597

Phone: 2535719292

Property Information:

Site Address: **213 YELM AVE W** Owner: KEVIN DOWNEY

Assessor Parcel No.: 85800300600 Subdivision: _____ Lot: _____

Contractor Information:

Name: KEVIN DOWNEY
Address: 213 YELM AVE W
YELM WA 98597

Phone: _____

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

Project Information:

Project: SIGN

Description of Work:

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

Fees:

Item	Contractor	Fees
SIGN	KEVIN DOWNEY	\$ 125.00
TOTAL FEES:		\$ 125.00

Applicant's Affidavit:

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Permit No.: **20180353**

Issue Date: **10/15/2018**
(Work must be completed within 180 days)

Applicant:

Name: PETER SCHORTGEN
Address: 9828 RAMSAY DR SE
YELM WA 98597

Phone: 4199660139

Property Information:

Site Address: **9828 RAMSAY DRIVE** Owner: PETE SCHORTGEN

Assessor Parcel No.: 69240003700 Subdivision: _____ Lot: _____

Contractor Information:

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

Phone: 705-8590

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

Project Information:

Project: MECHANICAL

Description of Work: REPLACE GAS FURNACE

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

Fees:

Item	Contractor	Fees
MECHANICAL	PETER SCHORTGEN	\$ 29.50
TOTAL FEES:		\$ 29.50

Applicant's Affidavit:

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Permit No.: **20180354**

Issue Date: **10/15/2018**

(Work must be completed within 180 days)

Applicant:

Name: unghee 'han
Address: 16518 yelm Ave S
Yelm WA 98597

Phone: 2532417110

Property Information:

Site Address: **16518 Yelm Ave S** Owner: han unghee

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

Contractor Information:

Name: unghee 'han
Address: 16518 yelm Ave S
Yelm WA 98597

Phone: _____

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

Project Information:

Project: MECHANICAL

Description of Work: Replace existing propane fill service tank with New tank and service. Install vehicle protection on ends and Creek Street side.

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

Fees:

Item	Contractor	Fees
MECHANICAL	unghee 'han	\$ 29.50

TOTAL FEES: \$ 29.50

Applicant's Affidavit:

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Permit No.: **20180355**

Issue Date: **10/16/2018**
(Work must be completed within 180 days)

Applicant:

Name: B LINE PLUMBING LLC
Address: TENINO WA 98589

Phone: _____

Property Information:

Site Address: **14811 TERRA VIEW** Owner: **AMBER WHEELER**

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

Contractor Information:

Name: B LINE PLUMBING LLC
Address: TENINO WA 98589

Phone: _____

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

Project Information:

Project: PLUMBING

Description of Work: INSTALL A NEW ELECTRIC WATER HEATER

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

Fees:

Item	Contractor	Fees
PLUMBING	B LINE PLUMBING LLC	\$ 27.00
TOTAL FEES:		\$ 27.00

Applicant's Affidavit:

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Permit No.: **20180356**

Issue Date: **10/18/2018**

(Work must be completed within 180 days)

Applicant:

Name: AIR MANAGEMENT SOLUTIONS

Phone: _____

Address: BREMERTON WA 98312

Property Information:

Site Address: **902 NE ALGIERS RD SE**

Owner: OREILLYS AUTO PARTS
#3742

Assessor Parcel No.: 99002045324 Subdivision: _____ Lot: _____

Contractor Information:

Name: AIR MANAGEMENT SOLUTIONS

Phone: _____

Address: BREMERTON WA 98312

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

Project Information:

Project: MECHANICAL

Description of Work: REPLACEMENT OF ROOFTOP UNIT WITH LIKE FOR LIKE

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

Fees:

Item	Contractor	Fees
MECHANICAL	AIR MANAGEMENT SOLUTIONS	\$ 29.50

TOTAL FEES: \$ 29.50

Applicant's Affidavit:

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Permit No.: **20180358**

Issue Date: **10/17/2018**

(Work must be completed within 180 days)

Applicant:

Name: FIRST FINISHERS LLC
Address: 605 YELM AVE W 607
YELM WA 98597

Phone: 360-400-7767

Property Information:

Site Address: **607 YELM AVE W** Owner: FIRST FIRST FINISHERS

Assessor Parcel No.: 99002155675 Subdivision: _____ Lot: _____

Contractor Information:

Name: FIRST FINISHERS LLC
Address: 605 YELM AVE W 607
YELM WA 98597

Phone: _____

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

Project Information:

Project: SIGN

Description of Work:

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

Fees:

Item	Contractor	Fees
SIGN	FIRST FINISHERS LLC	\$ 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 _____

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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.: **20180359**

Issue Date: **10/17/2018**

(Work must be completed within 180 days)

Applicant:

Name: BARRY SHAFFER
Address: 10318 THIRD ST SE
YELM WA 98597

Phone: 253-691-8309

Property Information:

Site Address: 211 WASHINGTON AVE SE Owner: SHAFFER, BARRY

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

Contractor Information:

Name: BARRY SHAFFER
Address: 10318 THIRD ST 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	BARRY SHAFFER	\$ 47.75
TOTAL FEES:		\$ 47.75

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.

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City of Yelm

Community Development Department

Building Division

Phone: (360) 458-8407

Fax: (360) 458-3144

Permit No.: **20180360**

Issue Date: **10/18/2018**

(Work must be completed within 180 days)

Applicant:

Name: SHIPLAP SHOP/RURUP FARM LLC
Address: 19333 161ST WAY SE
YELM WA 98597

Phone: 253-961-2002

Property Information:

Site Address: **112 YELM AVENUE E.** Owner: _____

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

Contractor Information:

Name: SHIPLAP SHOP/RURUP FARM LLC
Address: 19333 161ST WAY SE
YELM WA 98597

Phone: _____

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

Project Information:

Project: OTHER SPECIAL EVENT

Description of Work: HOLIDAY BAZAAR.

Sq. Ft. per floor:

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

Fees:

Item	Contractor	Fees
SE	SHIPLAP SHOP/RURUP FARM 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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By: _____



City of Yelm

Community Development Department

Building Division

Phone: (360) 458-8407

Fax: (360) 458-3144

Permit No.: **20180361**

Issue Date: **10/22/2018**

(Work must be completed within 180 days)

Applicant:

Name: MATT BATEMAN
Address: 2711 PACIFIC AVE SE
OLYMPIA WA 98501

Phone: _____

Property Information:

Site Address: **2711 PACIFIC AVE SE** Owner: **CITY OF YELM**

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

Contractor Information:

Name: MATT BATEMAN
Address: 2711 PACIFIC AVE SE
OLYMPIA WA 98501

Phone: _____

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

Project Information:

Project: RIGHT OF WAY PERMIT

Description of Work: TRIM TREES AWAY FROM PSE'S OVERHEAD POWER LINES ALONG THE RIGHT OF WAY INDICATED ON THE ATTACHED MAP. WE AGREE TREES WILL NOT BE OVERCUT, LOLLIPOPPED. NO PARK TREES ALONG FIRST STREET WILL BE CUT.

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

Fees:

Item	Contractor	Fees
RIGHT OF WAY	MATT BATEMAN	\$ 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 _____

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City of Yelm

Community Development Department

Building Division

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Fax: (360) 458-3144

Permit No.: **20180362**

Issue Date: **10/23/2018**
(Work must be completed within 180 days)

Applicant:

Name: BRENNAN HEATING
Address: SEATTLE WA 98168

Phone: _____

Property Information:

Site Address: **16211 BIRKLAND ST SE** Owner: JORDAN SPEITH

Assessor Parcel No.: 32660000500 Subdivision: _____ Lot: _____

Contractor Information:

Name: BRENNAN HEATING
Address: SEATTLE WA 98168

Phone: _____

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

Project Information:

Project: MECHANICAL

Description of Work: INSTALL A 3 TON A/C UNIT

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.

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City of Yelm

Community Development Department

Building Division

Phone: (360) 458-8407

Fax: (360) 458-3144

Permit No.: **20180364**

Issue Date: **10/26/2018**

(Work must be completed within 180 days)

Applicant:

Name: Kim Chi Le

Phone: _____

Address: Yelm WA 98597

Property Information:

Site Address: **204 YELM AVE W**

Owner: **KIM CHI LE**

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

Contractor Information:

Name: Kim Chi Le

Phone: _____

Address: Yelm WA 98597

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

Project Information:

Project: SIGN

Description of Work: RELOCATION OF ROOFTOP SIGN

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

Fees:

Item	Contractor	Fees
SIGN	Kim Chi Le	\$ 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.

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Building Division

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Fax: (360) 458-3144

Permit No.: **20180365**

Issue Date: **10/26/2018**

(Work must be completed within 180 days)

Applicant:

Name: LAM NGUYEN

Phone: _____

Address: LACEY WA 98503

Property Information:

Site Address: **1201 E YELM AVE 103**

Owner: BLACK AND WHITE NAIL SPA

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

Contractor Information:

Name: LAM NGUYEN

Phone: _____

Address: LACEY WA 98503

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

Project Information:

Project: COMMERCIAL REMODEL

Description of Work: Tenant Remodel. Turning Lime Berry into Black and White Nail Spa. Adding 6 Manicure Tables, and 10 Pedicure chairs along with additional exhaust systems.

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

Fees:

Item	Contractor	Fees
BUILDING	LAM NGUYEN	\$ 183.56
MECHANICAL	LAM NGUYEN	\$ 29.50
PLUMBING	LAM NGUYEN	\$ 27.00

TOTAL FEES: \$ 240.06

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.

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By: _____



City of Yelm

Community Development Department

Building Division

Phone: (360) 458-8407

Fax: (360) 458-3144

Permit No.: **20180366**

Issue Date: **10/26/2018**

(Work must be completed within 180 days)

Applicant:

Name: SUNSET AIR INC

Phone: _____

Address: LACEY WA 98503

Property Information:

Site Address: **10402 PARKVIEW LP SE**

Owner: JASON VITALICH

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

Contractor Information:

Name: SUNSET AIR INC

Phone: _____

Address: LACEY WA 98503

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

Project Information:

Project: MECHANICAL

Description of Work: REPLACE FURNACE AND HOT WATER HEATER

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

Fees:

Item	Contractor	Fees
MECHANICAL	SUNSET AIR 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.

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Building Division

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Permit No.: **20180367**

Issue Date: **10/30/2018**

(Work must be completed within 180 days)

Applicant:

Name: Mark Englung

Phone: _____

Address: Yelm WA 98597

Property Information:

Site Address: **15425 Mosman St SW**

Owner: TYPE CURRENT OWNER
NAME

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

Contractor Information:

Name: Mark Englung

Phone: _____

Address: Yelm WA 98597

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

Project Information:

Project: COMMERCIAL ADDITION

Description of Work: 30' x 16' Addition to an existing Golf Cart Storage building

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

Fees:

Item	Contractor	Fees
BUILDING	Mark Englung	\$ 356.36

TOTAL FEES: \$ 356.36

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.

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Building Division

Phone: (360) 458-8407

Fax: (360) 458-3144

Permit No.: **20180368**

Issue Date: **10/30/2018**

(Work must be completed within 180 days)

Applicant:

Name: PRAIRIE LUXE BOUTIQUE

Phone: _____

Address: Yelm WA 98597

Property Information:

Site Address: **715 E Yelm Ave Suite 1**

Owner: _____

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

Contractor Information:

Name: PRAIRIE LUXE BOUTIQUE

Phone: _____

Address: Yelm WA 98597

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

Project Information:

Project: OTHER SPECIAL EVENT

Description of Work: Extra signage from November 1 - December 31 2018

Sq. Ft. per floor:

First	_____
Second	_____
Third	_____
Garage	_____
Basement	_____

Heat Type (Electric, Gas, Other): _____

Fees:

Item	Contractor	Fees
SE	PRAIRIE LUXE BOUTIQUE	\$ 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.

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City of Yelm

Community Development Department

Building Division

Phone: (360) 458-8407

Fax: (360) 458-3144

Permit No.: **20180369**

Issue Date: **10/30/2018**

(Work must be completed within 180 days)

Applicant:

Name: SUNBIRD

Phone: _____

Address: YELM WA 98597

Property Information:

Site Address: **1000 ALGIERS DR NE** Owner: _____

Assessor Parcel No.: 99002045325 Subdivision: _____ Lot: _____

Contractor Information:

Name: SUNBIRD

Phone: _____

Address: YELM WA 98597

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

Project Information:

Project: OTHER SPECIAL EVENT

Description of Work: SIGNAGE FOR A TWO WEEK PERIOD DURING OUR ANNIVERSARY SALE A FRAME BOARDS

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

Fees:

Item	Contractor	Fees
SE	SUNBIRD	\$ 0.00
TOTAL FEES:		\$ 0.00

Applicant's Affidavit:

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