



**City of Yelm**

Community Development Department

Building Division

Phone: (360) 458-8407

Fax: (360) 458-3144

Permit No.: **20140205**

Issue Date: **5/31/2018**  
(Work must be completed within 180 days)

**Applicant:**

Name: MARIE ANDERSON  
Address: 114 CIRCLE VIEW DR NW  
YELM WA 98597

Phone: 360-628-3671

**Property Information:**

Site Address: 114 CIRCLE VIEW DR NW Owner: JASON ANDERSON

Assessor Parcel No.: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_

**Contractor Information:**

Name: MARIE ANDERSON  
Address: 114 CIRCLE VIEW DR NW  
YELM WA 98597

Phone: \_\_\_\_\_

Contractor License No.: \_\_\_\_\_ Expires: 0/00/0000

**Project Information:**

Project: ROOF

Description of Work:

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

**Fees:**

Item	Contractor	Fees
ROOF	MARIE ANDERSON	\$ 25.00
<b>TOTAL FEES:</b>		<b>\$ 25.00</b>

**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: _____
<b>Final Inspection:</b>
Date: _____
By: _____