



**City of Yelm**

Community Development Department

Building Division

Phone: (360) 458-8407

Fax: (360) 458-3144

Permit No.: **20180229**

Issue Date: **8/23/2018**  
(Work must be completed within 180 days)

**Applicant:**

Name: DEBORA MCINTYRE  
Address: 1015 NW KINGSVIEW CT  
YELM WA 98597

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

**Property Information:**

Site Address: **1015 NW KINGSVIEW CT**

Owner: TYPE CURRENT OWNER  
NAME \_\_\_\_\_

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

**Contractor Information:**

Name: LACEY ROOFING LLC  
Address: PO BOX 5550  
LACEY WA 98509

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

Contractor License No.: 17-10417 Expires: 12/31/2017

**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	DEBORA MCINTYRE	\$ 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 \_\_\_\_\_

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Permit No.: **20180249**

Issue Date: **8/28/2018**  
(Work must be completed within 180 days)

**Applicant:**

Name: SEARS HOME IMPROVEMENT  
Address: 1024 FLORIDA CENTRAL PKWY  
LONGWOOD FL 32750

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

**Property Information:**

Site Address: **16322 MIDDLE RD** Owner: \_\_\_\_\_

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

**Contractor Information:**

Name: SEARS HOME IMPROVEMENT  
Address: 1024 FLORIDA CENTRAL PKWY  
LONGWOOD FL 32750

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

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

**Project Information:**

Project: REROOF

Description of Work: REROOF

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

**Fees:**

Item	Contractor	Fees
ROOF	SEARS HOME IMPROVEMENT	\$ 25.00
<b>TOTAL FEES:</b>		<b>\$ 25.00</b>

**Applicant's Affidavit:**

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Permit No.: **20180255**

Issue Date: **8/28/2018**  
(Work must be completed within 180 days)

**Applicant:**

Name: CLIP JOINT  
Address: 1010 YELM AVE E SUITE E  
YELM WA 98597

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

**Property Information:**

Site Address: **1010 YELM AVE E SUITE E** Owner: \_\_\_\_\_

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

**Contractor Information:**

Name: CLIP JOINT  
Address: 1010 YELM AVE E SUITE E  
YELM WA 98597

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

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

**Project Information:**

Project: OTHER SPECIAL EVENT

Description of Work: SPECIAL EVENT 2/28/2018 TO 9/5/2018

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

**Fees:**

Item	Contractor	Fees
SE	CLIP JOINT	\$ 0.00
<b>TOTAL FEES:</b>		<b>\$ 0.00</b>

**Applicant's Affidavit:**

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Permit No.: **20180269**

Issue Date: **8/03/2018**  
(Work must be completed within 180 days)

**Applicant:**

Name: ALL SEASON INC.  
Address: 4851 SOUTH WASHINGTON  
TACOMA WA 98409

Phone: 253-879-9044

**Property Information:**

Site Address: 412 YELM AVE Owner: MAX SADTLER

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

**Contractor Information:**

Name: ALL SEASON INC.  
Address: SHERRELL LEARY  
4851 SOUTH WASHINGTON  
TACOMA WA 98409

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

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

**Project Information:**

Project: MECHANICAL

Description of Work: ADD/INSTALL AC WITH 3 TON COIL

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

**Fees:**

Item	Contractor	Fees
MECHANICAL	ALL SEASON INC.	\$ 29.50
<b>TOTAL FEES:</b>		<b>\$ 29.50</b>

**Applicant's Affidavit:**

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Permit No.: **20180275**

Issue Date: **8/28/2018**  
(Work must be completed within 180 days)

**Applicant:**

Name: PACIFIC HEATING AND COOLING  
Address: 8607 DURANGO CT SW STE #A  
LAKEWOOD WA 98499

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

**Property Information:**

Site Address: **15401 PRAIRIE WIND CT SE** Owner: SHAWN WATSON

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

**Contractor Information:**

Name: PACIFIC HEATING AND COOLING  
Address: 8607 DURANGO CT SW STE #A  
LAKEWOOD WA 98499

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

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

**Project Information:**

Project: MECHANICAL

Description of Work: ADD AC UNIT

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

**Fees:**

Item	Contractor	Fees
MECHANICAL	PACIFIC HEATING AND COOLING	\$ 29.50
<b>TOTAL FEES:</b>		<b>\$ 29.50</b>

**Applicant's Affidavit:**

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Permit No.: **20180285**

Issue Date: **8/24/2018**  
(Work must be completed within 180 days)

**Applicant:**

Name: SUNSET AIR INC  
Address: 5210 LACEY BLVD SE  
LACEY WA 98503

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

**Property Information:**

Site Address: **10009 TAHOMA** Owner: **CHRISTINE RICHEY**

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

**Contractor Information:**

Name: SUNSET AIR INC  
Address: 5210 LACEY BLVD SE  
LACEY WA 98503

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

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

**Project Information:**

Project: MECHANICAL

Description of Work: ADD FOUR HEAD DUCTLESS

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

**Fees:**

Item	Contractor	Fees
MECHANICAL	SUNSET AIR INC	\$ 29.50
<b>TOTAL FEES:</b>		<b>\$ 29.50</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.

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Permit No.: **20180286**

Issue Date: **8/24/2018**  
(Work must be completed within 180 days)

**Applicant:**

Name: SUNSET AIR INC  
Address: 5210 LACEY BLVD SE  
LACEY WA 98503

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

**Property Information:**

Site Address: **10713 PALISADES** Owner: **STEPHEN STRESSMAN**

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

**Contractor Information:**

Name: SUNSET AIR INC  
Address: 5210 LACEY BLVD SE  
LACEY WA 98503

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

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

**Project Information:**

Project: MECHANICAL

Description of Work: ADD A/C TO EXISTING HVAC.

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

**Fees:**

Item	Contractor	Fees
MECHANICAL	SUNSET AIR INC	\$ 29.50
<b>TOTAL FEES:</b>		<b>\$ 29.50</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.

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Permit No.: **20180287**

Issue Date: **8/24/2018**  
(Work must be completed within 180 days)

**Applicant:**

Name: SUNSET AIR INC  
Address: 5210 LACEY BLVD SE  
LACEY WA 98503

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

**Property Information:**

Site Address: **16638 91ST AVE SE** Owner: **AARON COMBS**

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

**Contractor Information:**

Name: SUNSET AIR INC  
Address: 5210 LACEY BLVD SE  
LACEY WA 98503

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

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

**Project Information:**

Project: MECHANICAL

Description of Work: REPLACE GAS FURNACE AND ADD AIR CONDITIONER.

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

**Fees:**

Item	Contractor	Fees
MECHANICAL	SUNSET AIR INC	\$ 29.50
<b>TOTAL FEES:</b>		<b>\$ 29.50</b>

**Applicant's Affidavit:**

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Permit No.: **20180288**

Issue Date: **8/24/2018**  
(Work must be completed within 180 days)

**Applicant:**

Name: SUNSET AIR INC  
Address: 5210 LACEY BLVD SE  
LACEY WA 98503

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

**Property Information:**

Site Address: **9957 GREENLEAF CT SE** Owner: ANTHONY GASKILL

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

**Contractor Information:**

Name: SUNSET AIR INC  
Address: 5210 LACEY BLVD SE  
LACEY WA 98503

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

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

**Project Information:**

Project: MECHANICAL

Description of Work: ADD AIR CONDITIONER.

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

**Fees:**

Item	Contractor	Fees
MECHANICAL	SUNSET AIR INC	\$ 29.50
<b>TOTAL FEES:</b>		<b>\$ 29.50</b>

**Applicant's Affidavit:**

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Permit No.: **20180289**

Issue Date: **8/03/2018**  
(Work must be completed within 180 days)

**Applicant:**

Name: BONNIE MYERS  
Address: 311 MCKENZIE AVE SE.  
YELM WA 98597

Phone: 360-458-5548

**Property Information:**

Site Address: **311 MCKENZIE AVE SE** Owner: \_\_\_\_\_

Assessor Parcel No.: 64420700400 Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_

**Contractor Information:**

Name: BONNIE MYERS  
Address: 311 MCKENZIE AVE SE.  
YELM WA 98597

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

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

**Project Information:**

Project: ADDITION

Description of Work: REPLACE PERGOLA ROOF ONLY.

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

**Fees:**

Item	Contractor	Fees
RESIDENTIAL ADDITION	BONNIE MYERS	\$ 70.43
<b>TOTAL FEES:</b>		<b>\$ 70.43</b>

**Applicant's Affidavit:**

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Permit No.: **20180293**

Issue Date: **8/03/2018**  
(Work must be completed within 180 days)

**Applicant:**

Name: BLACK HILLS INC  
Address: 10343 BRIGHTON ST  
YELM WA 98597

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

**Property Information:**

Site Address: **10343 BRIGHTON ST** Owner: **BLACK HILLS INC**

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

**Contractor Information:**

Name: BLACK HILLS INC  
Address: 10343 BRIGHTON ST  
YELM WA 98597

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

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

**Project Information:**

Project: MECHANICAL

Description of Work: REPLACE FURNACE AND AC

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

**Fees:**

Item	Contractor	Fees
MECHANICAL	BLACK HILLS INC	\$ 29.50
<b>TOTAL FEES:</b>		<b>\$ 29.50</b>

**Applicant's Affidavit:**

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Permit No.: **20180296**

Issue Date: **8/08/2018**  
(Work must be completed within 180 days)

**Applicant:**

Name: ROBERT MADDOX  
Address: 412 REFLECTION LANE  
RAINIER WA 98576

Phone: 360-446-5609

**Property Information:**

Site Address: 1201 YELM AVE E Owner: \_\_\_\_\_

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

**Contractor Information:**

Name: ROBERT MADDOX  
Address: 412 REFLECTION LANE  
RAINIER WA 98576

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

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

**Project Information:**

Project: OTHER SPECIAL EVENT

Description of Work: FREE BIKE CLINIC AT SHINE SPECIALTIES AUG.11,2018 THRU AUG 25, 2018

**Sq. Ft. per floor:**

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

**Fees:**

Item	Contractor	Fees
SE	ROBERT MADDOX	\$ 0.00
<b>TOTAL FEES:</b>		<b>\$ 0.00</b>

**Applicant's Affidavit:**

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Permit No.: **20180297**

Issue Date: **8/08/2018**  
(Work must be completed within 180 days)

**Applicant:**

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

Phone: 360-507-6057

**Property Information:**

Site Address: 9012 LEALAN CT SE Owner: DONNA REICHEL

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: REPLACE A/C AND FURNACE

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

**Fees:**

Item	Contractor	Fees
MECHANICAL	BLACK HILLS INC	\$ 29.50
<b>TOTAL FEES:</b>		<b>\$ 29.50</b>

**Applicant's Affidavit:**

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Permit No.: **20180298**

Issue Date: **8/10/2018**  
(Work must be completed within 180 days)

**Applicant:**

Name: DAVID ROWLAND  
Address: 22617 147TH AVE CT E  
GRAHAM WA 98338

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

**Property Information:**

Site Address: **16422 SUNDANCE AVE SE** Owner: VAUGHN

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

**Contractor Information:**

Name: DAVID ROWLAND  
Address: 22617 147TH AVE CT E  
GRAHAM WA 98338

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

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

**Project Information:**

Project: ROOF

Description of Work: RE-ROOF  
VALUE: \$7,500.

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

**Fees:**

Item	Contractor	Fees
ROOF	DAVID ROWLAND	\$ 25.00
<b>TOTAL FEES:</b>		<b>\$ 25.00</b>

**Applicant's Affidavit:**

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Permit No.: **20180299**

Issue Date: **8/10/2018**  
(Work must be completed within 180 days)

### Applicant:

Name: BOB MADDOX  
Address: 305 1ST ST S  
YELM WA 98576

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

### Property Information:

Site Address: **305 1ST ST S** Owner: BOB MADDOX

Assessor Parcel No.: 64420200100 Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_

### Contractor Information:

Name: BOB MADDOX  
Address: 305 1ST ST S  
YELM WA 98576

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

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

### Project Information:

Project: OTHER SPECIAL EVENT

Description of Work: 10X10 TENT ABOARDS 8/17/18 THRU 8/31/18

### Sq. Ft. per floor:

First \_\_\_\_\_  
Second \_\_\_\_\_  
Third \_\_\_\_\_  
Garage \_\_\_\_\_  
Basement \_\_\_\_\_

Heat Type (Electric, Gas, Other): \_\_\_\_\_

### Fees:

Item	Contractor	Fees
SE	BOB MADDOX	\$ 0.00
<b>TOTAL FEES:</b>		<b>\$ 0.00</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 \_\_\_\_\_

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



# City of Yelm

Community Development Department

Building Division

Phone: (360) 458-8407

Fax: (360) 458-3144

Permit No.: **20180300**

Issue Date: **8/14/2018**  
(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: **9985 CHARLES ST** Owner: SOUNDBUILT HOMES

Assessor Parcel No.: 78640125100 Subdivision: TAHOMA TERRA Lot: 251

### Contractor Information:

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

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

Contractor License No.: SOUNDHL831CL Expires: 2/13/2019

### Project Information:

Project: NEW RESIDENTIAL BUILDING

Description of Work: TAHOMA TERRA LOT 251 PLAN 2048A

<b>Sq. Ft. per floor:</b>	First	825	Heat Type (Electric, Gas, Other):	GAS
	Second	<u>1223</u>		
	Third	_____		
	Garage	<u>386</u>		
	Basement	_____		

### Fees:

Item	Contractor	Fees
NEW RESIDENTIAL BUILDING	SOUNDBUILT NW LLC	\$23,745.02
MECHANICAL	SOUND HEATING & AC	\$ 68.75
PLUMBING	RAINIER VIEW ROOTER	\$ 125.00
<b>TOTAL FEES:</b>		<b>\$ 23,938.77</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 \_\_\_\_\_

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By: _____





**City of Yelm**

Community Development Department

Building Division

Phone: (360) 458-8407

Fax: (360) 458-3144

Permit No.: **20180302**

Issue Date: **8/13/2018**  
(Work must be completed within 180 days)

**Applicant:**

Name: SEAN MCKALE  
Address: 515 VAN TRUMP AVE NW  
YELM WA 98597

Phone: 360-458-5010

**Property Information:**

Site Address: **515 VAN TRUMP ST NW**

Owner: TYPE CURRENT OWNER  
NAME

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

**Contractor Information:**

Name: SEAN MCKALE  
Address: 515 VAN TRUMP AVE 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	SEAN MCKALE	\$ 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 \_\_\_\_\_

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By: _____



**City of Yelm**

Community Development Department

Building Division

Phone: (360) 458-8407

Fax: (360) 458-3144

Permit No.: **20180305**

Issue Date: **8/21/2018**  
(Work must be completed within 180 days)

**Applicant:**

Name: FIRST FINISHERS, LLC  
Address: 609 YELM AVE W, STE 5  
YELM WA 98597

Phone: 360-400-7767

**Property Information:**

Site Address: 701 PRAIRIE PARK LN NE Owner: TIM FYRST

Assessor Parcel No.: 64903700100 Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_

**Contractor Information:**

Name: FIRST FINISHERS, LLC  
Address: TIM FYRST  
609 YELM AVE W, STE 5  
YELM WA 98597

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

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

**Project Information:**

Project: COMMERCIAL REMODEL

Description of Work: PRAIRIE HOTEL LOBBY REMODEL.

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

**Fees:**

Item	Contractor	Fees
BUILDING	FIRST FINISHERS, LLC	\$ 1,062.18
<b>TOTAL FEES:</b>		<b>\$ 1,062.18</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.

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Firm \_\_\_\_\_

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**City of Yelm**

Community Development Department

Building Division

Phone: (360) 458-8407

Fax: (360) 458-3144

Permit No.: **20180310**

Issue Date: **8/16/2018**  
(Work must be completed within 180 days)

**Applicant:**

Name: BETSY PEABODY  
Address: 404 1ST STREET SUITE J  
YELM WA 98597

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

**Property Information:**

Site Address: **404 1ST STREET SUITE J** Owner: **BETSY PEABODY**

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

**Contractor Information:**

Name: BETSY PEABODY  
Address: 404 1ST STREET SUITE J  
YELM WA 98597

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

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

**Project Information:**

Project: SIGN

Description of Work:

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

**Fees:**

Item	Contractor	Fees
SIGN	BETSY PEABODY	\$ 125.00
<b>TOTAL FEES:</b>		<b>\$ 125.00</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 \_\_\_\_\_

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**City of Yelm**

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Building Division

Phone: (360) 458-8407

Fax: (360) 458-3144

Permit No.: **20180311**

Issue Date: **8/16/2018**  
(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: 16408 OAKRIDGE CT SE Owner: JEFFREY SMITH

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: REPLACE FURNACE

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

**Fees:**

Item	Contractor	Fees
MECHANICAL	BLACK HILLS, INC	\$ 29.50
<b>TOTAL FEES:</b>		<b>\$ 29.50</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.

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Firm \_\_\_\_\_

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**City of Yelm**

Community Development Department

Building Division

Phone: (360) 458-8407

Fax: (360) 458-3144

Permit No.: **20180312**

Issue Date: **8/17/2018**  
(Work must be completed within 180 days)

**Applicant:**

Name: DAVID KEENAN  
Address: 801 WEST YELM AVE  
YELM WA 98597

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

**Property Information:**

Site Address: **806 YELM AVE E #3** Owner: **DAVID MCALEXANDER**

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

**Contractor Information:**

Name: DAVID KEENAN  
Address: 801 WEST YELM AVE  
YELM WA 98597

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

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

**Project Information:**

Project: SIGN

Description of Work: REFACE 2' X 10' AWNING SIGN FOR LEE'S BARBER SHOP

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

**Fees:**

Item	Contractor	Fees
SIGN	DAVID KEENAN	\$ 0.00
<b>TOTAL FEES:</b>		<b>\$ 0.00</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 \_\_\_\_\_

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**City of Yelm**

Community Development Department

Building Division

Phone: (360) 458-8407

Fax: (360) 458-3144

Permit No.: **20180313**

Issue Date: **8/17/2018**  
(Work must be completed within 180 days)

**Applicant:**

Name: DAVID KEENAN  
Address: 801 WEST YELM AVE  
YELM WA 98597

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

**Property Information:**

Site Address: **806 E YELM AVE 2** Owner: **DAVID MCALEXANDER**

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

**Contractor Information:**

Name: DAVID KEENAN  
Address: 801 WEST YELM AVE  
YELM WA 98597

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

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

**Project Information:**

Project: SIGN

Description of Work: REFACING 2' X 10' AWNING SIGN GHOST DOG TATTOO

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

**Fees:**

Item	Contractor	Fees
SIGN	DAVID KEENAN	\$ 0.00
<b>TOTAL FEES:</b>		<b>\$ 0.00</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.

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**City of Yelm**

Community Development Department

Building Division

Phone: (360) 458-8407

Fax: (360) 458-3144

Permit No.: **20180314**

Issue Date: **8/17/2018**  
(Work must be completed within 180 days)

**Applicant:**

Name: DAVID KEENAN  
Address: 801 WEST YELM AVE  
YELM WA 98597

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

**Property Information:**

Site Address: **806 YELM AVE E #1** Owner: **DAVID MCALEXANDER**

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

**Contractor Information:**

Name: DAVID KEENAN  
Address: 801 WEST YELM AVE  
YELM WA 98597

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

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

**Project Information:**

Project: SIGN

Description of Work: REFACE 2' X 10' AWNING SIGN CARRIE'S CRITTERS

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

**Fees:**

Item	Contractor	Fees
SIGN	DAVID KEENAN	\$ 0.00
<b>TOTAL FEES:</b>		<b>\$ 0.00</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 \_\_\_\_\_

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By: _____



**City of Yelm**

Community Development Department

Building Division

Phone: (360) 458-8407

Fax: (360) 458-3144

Permit No.: **20180316**

Issue Date: **8/17/2018**  
(Work must be completed within 180 days)

**Applicant:**

Name: DAVID KEENAN  
Address: 801 WEST YELM AVE  
YELM WA 98597

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

**Property Information:**

Site Address: **806 YELM AVE E 4 & 5** Owner: **DAVID MCALEXANDER**

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

**Contractor Information:**

Name: DAVID KEENAN  
Address: 801 WEST YELM AVE  
YELM WA 98597

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

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

**Project Information:**

Project: SIGN

Description of Work: REPLACE 2' X 10' AWNING SIGN J & M VAPES J & M GLASS

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

**Fees:**

Item	Contractor	Fees
SIGN	DAVID KEENAN	\$ 0.00
<b>TOTAL FEES:</b>		<b>\$ 0.00</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.

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**City of Yelm**

Community Development Department

Building Division

Phone: (360) 458-8407

Fax: (360) 458-3144

Permit No.: **20180320**

Issue Date: **8/30/2018**  
(Work must be completed within 180 days)

**Applicant:**

Name: Associated Petroleum Products  
Address: 2320 MILWAUKEE WAY  
TACOMA WA 98421

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

**Property Information:**

Site Address: **665 INDUSTRIAL RD** Owner: **AQUATIC CO**

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

**Contractor Information:**

Name: Associated Petroleum Products  
Address: 2320 MILWAUKEE WAY  
TACOMA WA 98421

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

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

**Project Information:**

Project: MECHANICAL

Description of Work: INSTALLING 1- 500 GALLON WITH PUMP AND MOTOR. 3RD PARTY

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

**Fees:**

Item	Contractor	Fees
MECHANICAL	Associated Petroleum Products	\$ 119.50
<b>TOTAL FEES:</b>		<b>\$ 119.50</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 \_\_\_\_\_

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**City of Yelm**

Community Development Department

Building Division

Phone: (360) 458-8407

Fax: (360) 458-3144

Permit No.: **20180321**

Issue Date: **8/30/2018**  
(Work must be completed within 180 days)

**Applicant:**

Name: PAULS CUSTOM HEATING  
Address: 1320 SR 702 E  
ROY WA 98580

Phone: 253-377-1347

**Property Information:**

Site Address: 14702 91ST AVE SE Owner: DAVIES, LAWRENCE

Assessor Parcel No.: 33860000100 Subdivision: BELLA HOUSA VILLAGE Lot: 1

**Contractor Information:**

Name: PAULS CUSTOM HEATING  
Address: 1320 SR 702 E  
ROY WA 98580

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

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

**Project Information:**

Project: MECHANICAL

Description of Work:

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

**Fees:**

Item	Contractor	Fees
MECHANICAL	PAULS CUSTOM HEATING	\$ 29.50
<b>TOTAL FEES:</b>		<b>\$ 29.50</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 \_\_\_\_\_

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**City of Yelm**

Community Development Department

Building Division

Phone: (360) 458-8407

Fax: (360) 458-3144

Permit No.: **20180338**

Issue Date: **8/17/2018**  
(Work must be completed within 180 days)

**Applicant:**

Name: MASTEC  
Address: 4610 TACOMA AVE  
SUMNER WA 98390

Phone: 253-999-2271

**Property Information:**

Site Address: 602 103RD AVE SE Owner: \_\_\_\_\_

Assessor Parcel No.: 22730110102 Subdivision: N/A Lot: N/A

**Contractor Information:**

Name: MASTEC  
Address: ASHLEY KIEHN  
4610 TACOMA AVE  
SUMNER WA 98390

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

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

**Project Information:**

Project: RIGHT OF WAY PERMIT

Description of Work:

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

**Fees:**

Item	Contractor	Fees
RIGHT OF WAY	MASTEC	\$ 250.00
<b>TOTAL FEES:</b>		<b>\$ 250.00</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 \_\_\_\_\_

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