



# City of Yelm

Community Development Department

Building Division

Phone: (360) 458-8407

Fax: (360) 458-3144

Permit No.: **20190017**

Issue Date: **3/04/2019**  
(Work must be completed within 180 days)

### Applicant:

Name: KEN WILSON  
Address: 19718 146TH AVE SE  
YELM WA 98597

Phone: 360-701-4465

### Property Information:

Site Address: 9105 MOUNTAIN VIEW RD SE Owner: KEN WILSON

Assessor Parcel No.: 21713340105 Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_

### Contractor Information:

Name: KEN WILSON  
Address: 19718 146TH AVE SE  
YELM WA 98597

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

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

### Project Information:

Project: NEW RESIDENTIAL BUILDING

Description of Work: CONSTRUCT A NEW DUPLEX BOTH ARE EQUAL IN SIZE

<b>Sq. Ft. per floor:</b>	First	<u>1288</u>	Heat Type (Electric, Gas, Other): <u>ELECTRIC</u>
	Second	<u>1358</u>	
	Third	_____	
	Garage	<u>840</u>	
	Basement	_____	

### Fees:

Item	Contractor	Fees
NEW RESIDENTIAL BUILDING	KEN WILSON	\$37,546.10
MECHANICAL	KEN WILSON	\$ 117.50
PLUMBING	KEN WILSON	\$ 202.00

**TOTAL FEES: \$ 37,865.60**

### 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>
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By: _____



# City of Yelm

Community Development Department

Building Division

Phone: (360) 458-8407

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Permit No.: **20190038**

Issue Date: **3/04/2019**  
(Work must be completed within 180 days)

### Applicant:

Name: STUDIO 703 WEST  
Address: 801 YELM AVE WEST  
YELM WA 98597

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

### Property Information:

Site Address: **715 YELM AVE E**

Owner: TYPE CURRENT OWNER  
NAME

Assessor Parcel No.: 22730120102 Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_

### Contractor Information:

Name: STUDIO 703 WEST  
Address: 801 YELM AVE WEST  
YELM WA 98597

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

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

### Project Information:

Project: SIGN

Description of Work: sign permit

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

### Fees:

Item	Contractor	Fees
SIGN	STUDIO 703 WEST	\$ 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.

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Permit No.: **20190039**

Issue Date: **3/04/2019**  
(Work must be completed within 180 days)

### Applicant:

Name: J&I POWER EQUIPMENT  
Address: 3729 PACIFIC AVE  
OLYMPIA WA 98501

Phone: 360-400-6000

### Property Information:

Site Address: 16510 106TH AVE SE Owner: \_\_\_\_\_

Assessor Parcel No.: 64303400504 Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_

### Contractor Information:

Name: J&I POWER EQUIPMENT  
Address: 3729 PACIFIC AVE  
OLYMPIA WA 98501

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	J&I POWER EQUIPMENT	\$ 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.

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Permit No.: **20190040**

Issue Date: **3/05/2019**  
(Work must be completed within 180 days)

### Applicant:

Name: Fourth Dimension Construction  
Address: 855 Trosper Rd SW STE 108-253  
Tumwater WA 98512

Phone: 2534489468

### Property Information:

Site Address: **206 Mckenzie Ave SE** Owner: TYPE CURRENT OWNER NAME

Assessor Parcel No.: 64420500100 Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_

### Contractor Information:

Name: Fourth Dimension Construction  
Address: 855 Trosper Rd SW STE 108-253  
Tumwater WA 98512

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

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

### Project Information:

Project: BUILDING

Description of Work: ADDITION OF AN EXTERIOR AWNING

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

### Fees:

Item	Contractor	Fees
BUILDING	Fourth Dimension Construction	\$ 0.00
<b>TOTAL FEES:</b>		<b>\$ 0.00</b>

### Applicant's Affidavit:

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Permit No.: **20190043**

Issue Date: **3/12/2019**  
(Work must be completed within 180 days)

### Applicant:

Name: LILIA BAHENA  
Address: 413 WASHINGTON AVE SW  
YELM WA 98597

Phone: 3604808756

### Property Information:

Site Address: 412 WASHINGTON AVE SW Owner: LILIA BAHENA

Assessor Parcel No.: 75300500200 Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_

### Contractor Information:

Name: LILIA BAHENA  
Address: 413 WASHINGTON AVE SW  
YELM WA 98597

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

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

### Project Information:

Project: RESIDENTIAL ADDITION

Description of Work: 16' X 30' ADDITION TO EXISTING DWELLING UNIT NO BEDROOMS, NO BATHROOMS ADDED

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

### Fees:

Item	Contractor	Fees
BUILDING	LILIA BAHENA	\$ 356.36
<b>TOTAL FEES:</b>		<b>\$ 356.36</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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# City of Yelm

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Permit No.: **20190045**

Issue Date: **3/13/2019**  
(Work must be completed within 180 days)

### Applicant:

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

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

### Property Information:

Site Address: **9973 DOTSON ST SE** Owner: **BLACK HILLS, INC**

Assessor Parcel No.: 78640108900 Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_

### Contractor Information:

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

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

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

### Project Information:

Project: MECHANICAL

Description of Work: SFR INSTALL AC UNIT

<b>Sq. Ft. per floor:</b>	First	Heat Type (Electric, Gas, Other):	<b>GAS</b>
	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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Permit No.: **20190046**

Issue Date: **3/13/2019**  
(Work must be completed within 180 days)

### Applicant:

Name: SOUND HEATING  
Address: 5526 184TH ST E STE A  
PUYALLUP WA 98375

Phone: 2538753350

### Property Information:

Site Address: **9969 CHARLES ST** Owner: **SOUND HEATING**

Assessor Parcel No.: 78640125400 Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_

### Contractor Information:

Name: SOUND HEATING  
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 AC UNIT

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

### Fees:

Item	Contractor	Fees
MECHANICAL	SOUND 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 \_\_\_\_\_

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Permit No.: **20190048**

Issue Date: **3/14/2019**  
(Work must be completed within 180 days)

### Applicant:

Name: COMCAST CABLE COMM. MNGMT, LLC  
Address: 410 VALLEY AVE NW  
PUYALLUP WA 98371

Phone: 253-846-4246

### Property Information:

Site Address: 1212 THURSTON CT NW Owner: \_\_\_\_\_

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

### Contractor Information:

Name: COMCAST CABLE COMM. MNGMT, LLC  
Address: FAHM SAELEE  
410 VALLEY AVE NW  
PUYALLUP WA 98371

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	COMCAST CABLE COMM. MNGMT, LLC	\$ 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 \_\_\_\_\_

Firm \_\_\_\_\_

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Building Division

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Fax: (360) 458-3144

Permit No.: **20190054**

Issue Date: **3/18/2019**  
(Work must be completed within 180 days)

### Applicant:

Name: JMR ROOFING LLC  
Address: 15421 CALLIE AVE SE  
YELM WA 98597

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

### Property Information:

Site Address: **15421 CALLIE AVE SE** Owner: \_\_\_\_\_

Assessor Parcel No.: 41610013000 Subdivision: CHERRY MEADOWS Lot: 130

### Contractor Information:

Name: JMR ROOFING LLC  
Address: RUBEN SARAO PEREZ  
15421 CALLIE AVE SE  
YELM WA 98597

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

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

### Project Information:

Project: HOME OCCUPATION PERMIT

Description of Work:

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

### Fees:

Item	Contractor	Fees
HOME OCCUPATON PERMIT	JMR ROOFING LLC	\$ 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 \_\_\_\_\_

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# City of Yelm

Community Development Department

Building Division

Phone: (360) 458-8407

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Permit No.: **20190055**

Issue Date: **3/26/2019**  
(Work must be completed within 180 days)

### Applicant:

Name: CSM HEATING & COOLING  
Address: 6135 CAPITAL BLVD SW  
TUMWATER WA 98501

Phone: 3603521996

### Property Information:

Site Address: 15726 104TH AVE SE Owner: CSM HEATING & COOLING

Assessor Parcel No.: 85840003600 Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_

### Contractor Information:

Name: CSM HEATING & COOLING  
Address: 6135 CAPITAL BLVD SW  
TUMWATER WA 98501

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	CSM HEATING & COOLING	\$ 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

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Permit No.: **20190056**

Issue Date: **3/19/2019**  
(Work must be completed within 180 days)

### Applicant:

Name: GARY RURUP  
Address: 19333 161ST WAY SE  
YELM WA 98597

Phone: 253-961-2002

### Property Information:

Site Address: **112 YELM AVE E** Owner: **GARY RURUP**

Assessor Parcel No.: 99002148585 Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_

### Contractor Information:

Name: GARY RURUP  
Address: 19333 161ST WAY SE  
YELM WA 98597

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

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

### Project Information:

Project: COMMERCIAL REMODEL

Description of Work: ADDING AWNINGS ABOVE TWO ROLL UP GARAGE DOORS

### Sq. Ft. per floor:

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

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

### Fees:

Item	Contractor	Fees
COMMERCIAL ADDITION	GARY RURUP	\$ 70.43
<b>TOTAL FEES:</b>		<b>\$ 70.43</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

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Fax: (360) 458-3144

Permit No.: **20190057**

Issue Date: **3/19/2019**  
(Work must be completed within 180 days)

### Applicant:

Name: GARY RURUP  
Address: 19333 161ST WAY SE  
YELM WA 98597

Phone: 253-961-2002

### Property Information:

Site Address: 112 YELM AVE E Owner: GARY RURUP

Assessor Parcel No.: 99002148585 Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_

### Contractor Information:

Name: GARY RURUP  
Address: 19333 161ST WAY SE  
YELM WA 98597

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

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

### Project Information:

Project: SIGN

Description of Work: FREESTANDING SIGN USING AN EXISTING FRAME Total 20 sq ft of text and logos

### Sq. Ft. per floor:

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

### Fees:

Item	Contractor	Fees
SIGN	GARY RURUP	\$ 125.00
<b>TOTAL FEES:</b>		<b>\$ 125.00</b>

### Applicant's Affidavit:

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Permit No.: **20190058**

Issue Date: **3/19/2019**  
(Work must be completed within 180 days)

### Applicant:

Name: MARGARET CLAPP  
Address: PO BOX 4210  
YELM WA 98597

Phone: 3607917260

### Property Information:

Site Address: **505 YELM AVE E** Owner: MARGARET CLAPP

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

### Contractor Information:

Name: MARGARET CLAPP  
Address: PO BOX 4210  
YELM WA 98597

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

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

### Project Information:

Project: DEMOLITION

Description of Work: DEMOLITION 505 YELM AVE E PARC# 22719342900

### Sq. Ft. per floor:

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

### Fees:

Item	Contractor	Fees
DEMOLITION	MARGARET CLAPP	\$ 50.00
<b>TOTAL FEES:</b>		<b>\$ 50.00</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

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Building Division

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Permit No.: **20190059**

Issue Date: **3/19/2019**  
(Work must be completed within 180 days)

### Applicant:

Name: TAYLOR HEATING & AC  
Address: 5518 163RD ST E  
PUYALLUP WA 98375

Phone: 2532085315

### Property Information:

Site Address: 9879 JENSEN DR SE Owner: TAYLOR HEATING & AC

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

### Contractor Information:

Name: TAYLOR HEATING & AC  
Address: 5518 163RD ST E  
PUYALLUP WA 98375

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):	<u>HEAT PUMP</u>
	Second		
	Third		
	Garage		
	Basement		

### Fees:

Item	Contractor	Fees
MECHANICAL	TAYLOR HEATING & AC	\$ 29.50
<b>TOTAL FEES:</b>		<b>\$ 29.50</b>

### Applicant's Affidavit:

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Fax: (360) 458-3144

Permit No.: **20190060**

Issue Date: **3/19/2019**  
(Work must be completed within 180 days)

### Applicant:

Name: TAYLOR HEATING & AC  
Address: 5518 163RD ST SE #A  
PUYALLUP WA 98375

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

### Property Information:

Site Address: **15425 104 WAY SE** Owner: TAYLOR HEATING & AC

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

### Contractor Information:

Name: TAYLOR HEATING & AC  
Address: 5518 163RD ST SE #A  
PUYALLUP WA 98375

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	TAYLOR HEATING & AC	\$ 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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# Sets of Prints: _____
<b>Final Inspection:</b>
Date: _____
By: _____



# City of Yelm

Community Development Department

Building Division

Phone: (360) 458-8407

Fax: (360) 458-3144

Permit No.: **20190061**

Issue Date: **3/20/2019**  
(Work must be completed within 180 days)

### Applicant:

Name: CITY OF YELM  
Address: 901 RHOTON  
YELM WA 98597

Phone: 3605844753

### Property Information:

Site Address: 16820 CANAL RD SE Owner: CITY OF YELM

Assessor Parcel No.: 64300500504 Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_

### Contractor Information:

Name: CITY OF YELM  
Address: 901 RHOTON  
YELM WA 98597

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

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

### Project Information:

Project: NEW COMMERCIAL BUILDING

Description of Work: 24' X 36' POLE BARN FOR EQUIPMENT STORAGE CITY OF YELM PARKS

### Sq. Ft. per floor:

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

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

### Fees:

Item	Contractor	Fees
NEW COMMERCIAL BUILDING	CITY OF YELM	\$ 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.: **20190063**

Issue Date: **3/21/2019**  
(Work must be completed within 180 days)

### Applicant:

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

Phone: 3606282779

### Property Information:

Site Address: 14920 91ST AVE SE Owner: BLACK HILLS, INC

Assessor Parcel No.: 3386001800 Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_

### Contractor Information:

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

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

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

### Project Information:

Project: MECHANICAL

Description of Work: 3386001800 14920 91ST AVE SE

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

### Fees:

Item	Contractor	Fees
MECHANICAL	BLACK HILL, 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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# City of Yelm

Community Development Department

Building Division

Phone: (360) 458-8407

Fax: (360) 458-3144

Permit No.: **20190064**

Issue Date: **3/21/2019**  
(Work must be completed within 180 days)

### Applicant:

Name: J.R. ROOFING, INC  
Address: 1420 MARVIN RD SE #C PNB 421  
LACEY WA 98516

Phone: 360-456-4750

### Property Information:

Site Address: **16408 RAILROAD SE** Owner: TYPE CURRENT OWNER NAME

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

### Contractor Information:

Name: J.R. ROOFING, INC  
Address: 1420 MARVIN RD SE #C PNB 421  
LACEY WA 98516

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	J.R. ROOFING, INC	\$ 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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# City of Yelm

Community Development Department

Building Division

Phone: (360) 458-8407

Fax: (360) 458-3144

Permit No.: **20190065**

Issue Date: **3/22/2019**  
(Work must be completed within 180 days)

### Applicant:

Name: ALPINE DUCTLESS LLC  
Address: PO BOX 12361  
OLYMPIA WA 98508

Phone: 2533818743

### Property Information:

Site Address: 14828 99TH AVE SE Owner: ALPINE DUCTLESS LLC

Assessor Parcel No.: 78640018100 Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_

### Contractor Information:

Name: ALPINE DUCTLESS LLC  
Address: PO BOX 12361  
OLYMPIA WA 98508

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	ALPINE DUCTLESS LLC	\$ 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.: **20190066**

Issue Date: **3/22/2019**  
(Work must be completed within 180 days)

### Applicant:

Name: MICHAEL SAN NICOLAS  
Address: 9023 ANDES CT. SE  
YELM WA 98597

Phone: 3604587275

### Property Information:

Site Address: 9023 ANDES CT SE Owner: SAN NICOLAS, MICHAEL

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

### Contractor Information:

Name: MICHAEL SAN NICOLAS  
Address: 9023 ANDES CT. SE  
YELM WA 98597

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	MICHAEL SAN NICOLAS	\$ 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.: **20190069**

Issue Date: **3/25/2019**  
(Work must be completed within 180 days)

### Applicant:

Name: ANTHONY GONZALEZ  
Address: 16478 GREENBRIER ST SE  
YELM WA 98597

Phone: 916-995-3398

### Property Information:

Site Address: 16478 GREENBRIER ST SE Owner: \_\_\_\_\_

Assessor Parcel No.: 56510003100 Subdivision: JOHNS MEADOWS Lot: 31

### Contractor Information:

Name: ANTHONY GONZALEZ  
Address: 16478 GREENBRIER ST SE  
YELM WA 98597

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

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

### Project Information:

Project: HOME OCCUPATION PERMIT

Description of Work: 8 HANDS DESIGN MACRAME AND WOODWORKING

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

### Fees:

Item	Contractor	Fees
HOME OCCUPATON PERMIT	ANTHONY GONZALEZ	\$ 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

Community Development Department

Building Division

Phone: (360) 458-8407

Fax: (360) 458-3144

Permit No.: **20190070**

Issue Date: **3/25/2019**  
(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: 14914 91ST AVE SE Owner: LAUREN ROSZEL

Assessor Parcel No.: 33860001700 Subdivision: BELLA HOUSA Lot: 17

### 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: INSTALL AC UNIT.

<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.

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.: **20190071**

Issue Date: **3/26/2019**  
(Work must be completed within 180 days)

### Applicant:

Name: JACOB MCGEEVER  
Address: 14526 98TH WAY SE  
YELM WA 98597

Phone: 910-478-7591

### Property Information:

Site Address: 14526 98TH WAY SE Owner: JACOB MCGEEVER

Assessor Parcel No.: 78640101300 Subdivision: TAHOMA TERRA Lot: 13

### Contractor Information:

Name: JACOB MCGEEVER  
Address: 14526 98TH WAY SE  
YELM WA 98597

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

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

### Project Information:

Project: RESIDENTIAL ADDITION

Description of Work: PATIO COVER ADDITION.

### Sq. Ft. per floor:

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

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

### Fees:

Item	Contractor	Fees
BUILDING	JACOB MCGEEVER	\$ 102.68
<b>TOTAL FEES:</b>		<b>\$ 102.68</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.: **20190072**

Issue Date: **3/28/2019**  
(Work must be completed within 180 days)

### Applicant:

Name: B LINE PLUMBING LLC  
Address: TENINO WA 98589

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

### Property Information:

Site Address: **16137 VANCIL LP SE** Owner: **JAMES STOCKMAN**

Assessor Parcel No.: 69270000800 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: REPLACE ELECTRIC HOT WATER TANK

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

### Fees:

Item	Contractor	Fees
PLUMBING	B LINE PLUMBING LLC	\$ 27.00
<b>TOTAL FEES:</b>		<b>\$ 27.00</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.: **20190073**

Issue Date: **3/28/2019**  
(Work must be completed within 180 days)

### Applicant:

Name: GARY RURUP  
Address: 19333 161ST WAY SE  
YELM WA 98597

Phone: 253-961-2002

### Property Information:

Site Address: **112 YELM AVE E** Owner: \_\_\_\_\_

Assessor Parcel No.: 64400600500 Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_

### Contractor Information:

Name: GARY RURUP  
Address: 19333 161ST WAY SE  
YELM WA 98597

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	GARY RURUP	\$ 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 \_\_\_\_\_

Firm \_\_\_\_\_

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