



CITY OF KIRKLAND BUILDING PERMIT APPLICATION

Permit # **BLD12-00090**

Commercial Tenant Improvement including Tenant Space demolition – No exterior work included.

City of Kirkland 123 5th Ave. Kirkland, WA 98033 425-587-3600 www.ci.kirkland.wa.us

Site Address 6100 CARILLON POINT
1 Floor and Suite#: B-6100 FLOORS 1 + 2

Project Name: SOUTHERN WINE AND SPIRITS

Property Owner CARILLON PROPERTIES Phone 425-822-1700
Property Owner's Address 4100 CARILLON POINT City, Zip Code KIRKLAND, WA 98033
Describe Tenant improvement to be Done: RE CONFIGURE INTERIOR PARTITION WALLS TO ACCOMMODATE NEW TENANT OFFICES IN 18,785 SQ FT

Contractor's Name TURNOR CONSTRUCTION COMPANY Contractor's Reg. # 600205784
TRD (Company Name) Expiration Date 2/7/2013
Contractor's Address 375 HUDSON STREET 6 FL State UBI # TORNCC237DZ
City, Zip Code NEW YORK, NY 10014 Phone 212-229,6000

OR – OWNER IS CONTRACTOR - I have read Chapter RCW 18.27.010 relating to definitions of general contractors and specialty contractors and RCW Chapter 18.27.110, which prohibits issuing permits without proof of registration, and owner is contractor.
OWNER/AGENT SIGNATURE: _____

Contact Person: KURT MILLER Daytime Phone 425-822-1700
Address 4100 CARILLON POINT Alt. Phone 425-864-6079
City KIRKLAND State WA ZIP 98033 Fax 425-828-3094
Email KURT@CARILLONPROP.COM

Sewer District KIRKLAND Septic: Yes No Water District HOUGHTON

Total Estimated Project Cost \$378,932.00 Existing Building
5 Valuation \$3,600,000.00
Lender CASH - CARILLON PROPERTIES
Address 4100 CARILLON POINT Phone 425-822-1700

Property Tax Account Number (Parcel #) 172505-9058
6 Legal Description INCLUDED

Please submit 3 separate 8 1/2 x 11 copies of the legal description with this application if it will not fit in space provided above.

Type of Work:
7 Tenant Improvement: Existing Sq. Ft. 18785 Existing Use B-BUSINESS (OFFICE SPACE) Proposed Sq. Ft. 18785 EXISTING
 New Tenant Name SOUTHERN WINE AND SPIRITS Proposed Use B-BUSINESS (OFFICE SPACE)
 Existing or previous Tenant Name: CLEARWIRE Previous Use: B-BUSINESS (OFFICE SPACE)
 Rack Storage Other

TARGET: 2/27/12 BLD

Will any tenant space be demolished as part of this permit? YES _____ NO X

8 Describe tenant space to be demolished: _____
 Show demolition floor plan on your plans.

If demolition work is proposed, you must contact the Puget Sound Clean Air Organization regarding
 9 Asbestos requirements. For full details and to obtain asbestos forms, instructions and regulations go online: <http://www.pscleanair.org/asbestos/asbe-cont-info.shtml> or to ask other questions, by phone 1-800-552-3565. Failure to comply with asbestos requirements may result in penalties.

NOTE: The City of Kirkland is responsible for providing all Electrical permits. If Electrical work will be done, advise your Electrical contractor to obtain an electrical permit prior to doing any work. Electrical permits that do not require plan review can be pulled online at: www.MyBuildingPermit.com or an electrical application can be found at: http://www.ci.kirkland.wa.us/shared/assets/Electrical_Permit_Application_and_fees61.pdf

MECHANICAL INCLUDED IN PROJECT? Yes No
NOTE: IF MECHANICAL WORK WILL BE DONE, AND IS NOT INCLUDED IN THIS APPLICATION, A SEPARATE PERMIT IS REQUIRED.

PLUMBING INCLUDED IN PROJECT? Yes No
NOTE: IF PLUMBING WORK WILL BE DONE, AND IS NOT INCLUDED IN THIS APPLICATION, A SEPARATE PERMIT IS REQUIRED.

Number of Mechanical Appliances: (G = Natural Gas, E = Electric, OT = Other)			Fuel type	Size (BTU/k W)	#11 New	Number of Plumbing Fixtures (including rough- ins):		
Move	Existing					Move	Existing	
<u>N</u>								Bar Sink
<u>e</u>								Bathtub or Combo
<u>w</u>								Bath/Shower
—	—	—						Bidet
—	—	—						Clothes washer, Domestic
—	—	—						Dishwasher, Domestic
—	—	—						Hose Bibb, First
—	—	—						Hose Bibb, Each Additional
—	—	—						Kitchen Sink, Domestic
—	—	—						Laundry Sink
—	—	—						Lavatory (Bathroom Sinks)
—	—	—						Lawn Sprinkler, Each Head
—	—	—						Shower (Stand Alone)
—	—	—						Water Closet, (Toilet)
—	—	—						Medical Gas System
—	—	—						(Inlets/Outlets)
—	—	—						Traps (Other than above items)
—	—	—						Water Heater
—	—	—						Other- Describe
—	—	—						

Estimated cost, mechanical portion only (excluding fire protection and plumbing)	TOTAL FIXTURES: _____
\$ _____	_____

1 • By signing this application, I authorize employees/agents of the City of Kirkland to enter onto the property which is the subject of this application during regular business hours. The sole purpose of entry is to make any examination of the property which is necessary to process this application.

2 • By signing this application, I acknowledge that I understand and will comply with the Puget Sound Clean Air Organization's requirements regarding Asbestos Abatement, if applicable.

I certify under penalty of perjury that the information furnished by me is true and correct to the best of my knowledge and, further, that I am authorized by the owner of the above premises to perform the work for which permit application is made. I further agree to save harmless the City of Kirkland as to any claim (including costs, expenses, and attorney's fees incurred in investigation and defense of such claim), which may be made by any person, including the undersigned, and filed against the City of Kirkland, but only where such claim arises out of the reliance of the City, including its officers and employees, upon the accuracy of the information supplied to the City as a part of this application.

OWNER/AGENT:  **DATE:** 2-10-2012

N O T E:	Permit Applications not requiring plan review are accepted Monday-Tuesday-Thursday-Friday 8-4:30, Wednesday 10:30-4:30 Permit Applications requiring plan review are accepted Monday-Tuesday-Thursday-Friday 8-4:00, Wednesday 10:30-4:00
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