



CITY OF KIRKLAND BUILDING PERMIT APPLICATION Permit #

BNRP 12-01413

BNR12-04142

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 2222 CARILLON POINT
1 Floor and Suite#: B-2000, 2ND FLOOR, SUITE 22

Project Name: FLY FITNESS

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 EXISTING SPACES FROM OFFICE TO OFFICE AND PERSONAL TRAINING AREA. 1300 SQ FT

2 Contractor's Name TBD (Company Name) Contractor's Reg.
Expiration Date
Contractor's Address State UBI #
City, Zip Code Phone
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:

3 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

4 Sewer District KIRKLAND Septic: Yes [] No [X] Water District HOUGHTON

Total Estimated Project Cost \$17,300.00 Existing Building
Valuation \$14,005,000.00
Lender CASM - CARILLON PROPERTIES
Address 4100 CARILLON POINT Phone 425-822-1700

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

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 [X] Tenant Improvement: Existing Sq. Ft. 1300 Existing Use OFFICE Proposed Sq. Ft. SAME
[X] New Tenant Name FLY FITNESS Proposed Use OFFICE - PERSONAL TRAINING
[X] Existing or previous Tenant Name: PARKER CRUISE AND TOUR Previous Use: OFFICE
[] Rack Storage [] Other

TARGET 11/26/12 BLD

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

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 ins): New	Number of Plumbing Fixtures (including rough-			
Move	Existing	Move				Existing	Bar Sink		
<u> </u>	<u> </u>	<u> </u>			<u> </u>	<u> </u>	<u> </u>	Bath/Shower	Bathtub or Combo
<u> </u>	<u> </u>	<u> </u>			<u> </u>	<u> </u>	<u> </u>		Bidet
<u> </u>	<u> </u>	<u> </u>			<u> </u>	<u> </u>	<u> </u>		Clothes washer, Domestic
<u> </u>	<u> </u>	<u> </u>			<u> </u>	<u> </u>	<u> </u>		Dishwasher, Domestic
<u> </u>	<u> </u>	<u> </u>			<u> </u>	<u> </u>	<u> </u>		Hose Bibb, First
<u> </u>	<u> </u>	<u> </u>			<u> </u>	<u> </u>	<u> </u>		Hose Bibb, Each Additional
<u> </u>	<u> </u>	<u> </u>			<u> </u>	<u> </u>	<u> </u>		Kitchen Sink, Domestic
<u> </u>	<u> </u>	<u> </u>			<u> </u>	<u> </u>	<u> </u>		Laundry Sink
<u> </u>	<u> </u>	<u> </u>			<u> </u>	<u> </u>	<u> </u>		Lavatory (Bathroom Sinks)
<u> </u>	<u> </u>	<u> </u>			<u> </u>	<u> </u>	<u> </u>		Lawn Sprinkler, Each Head
<u> </u>	<u> </u>	<u> </u>			<u> </u>	<u> </u>	<u> </u>		Shower (Stand Alone)
<u> </u>	<u> </u>	<u> </u>			<u> </u>	<u> </u>	<u> </u>		Water Closet, (Toilet)
<u> </u>	<u> </u>	<u> </u>			<u> </u>	<u> </u>	<u> </u>		Medical Gas System
<u> </u>	<u> </u>	<u> </u>			<u> </u>	<u> </u>	<u> </u>	(Inlets/Outlets)	Traps (Other than above items)
<u> </u>	<u> </u>	<u> </u>			<u> </u>	<u> </u>	<u> </u>		Water Heater
<u> </u>	<u> </u>	<u> </u>			<u> </u>	<u> </u>	<u> </u>		Other- Describe
<u> </u>	<u> </u>	<u> </u>			<u> </u>	<u> </u>	<u> </u>		

