



**CITY OF KIRKLAND
ELECTRICAL PERMIT APPLICATION**

**For Inspection Requests call:
425-587-3605
Or go to: www.mybuildingpermit.com**

Related Permit No.	Parcel No. (King County Assessor)	Electrical Permit No. (For Office Use Only) ELE 12-00067
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Project Address 4250 CARILON POINT FLOOR 2	Job Site Phone: 425-260-2890
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Property Owner CARILON PROP	Mail Address (Property Owner)	Phone (Property Owner)
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Tenant (Commercial) SERVICE-NOW	Complex Name (Condo/Apartment/Multifamily)
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Electrical Contractor ACCESS NETWORKS	Mail Address N. LAKEWOOD, 98259 PO. BOX 290	Phone (Contractor) 206-450-3698
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Contractor's L&I License No. ACCESSNL92809	License Expiration Date 10/1/2012	Contractor UBI No. 602807381
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Contact Person (An Individual That We May Contact Regarding This Permit) RICK YOUNG	Phone (contact person) 206-450-3698
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Contact E-mail Address: Rick.Young@ACCNETS.COM	Contact Alt Phone: 866-690-9874
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If Owner is doing the work: (see page 3 of this application)

I have signed and submitted with this application the Property Owner/Renter/Lessee Affidavit per RCW 19.28.261

Value Of Electrical Work: \$ 17,384.22 (FAIR MARKET VALUE - FIXTURES, MATERIALS, LABOR)

Type of Occupancy: Plan Review Required? Yes No See page 2 for Plan Review requirements and exceptions.

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|---|--|--|
| <input type="checkbox"/> SINGLE-FAMILY OR DUPLEX
(No plans required) | <input type="checkbox"/> COMMERCIAL
(Service or feeders 100 amperes or greater require plans - see page 2 requirements) | <input type="checkbox"/> MULTIFAMILY
(Service or feeders 100 amperes or greater, plans are required.) |
| <input type="checkbox"/> MEDICAL | <input type="checkbox"/> INSTITUTIONAL | <input type="checkbox"/> EDUCATIONAL FACILITY |
| <input checked="" type="checkbox"/> OTHER | <input type="checkbox"/> SIGNS (Electrical not included with Sign permit) | <input type="checkbox"/> GENERATORS (Not cord and plug connected) |

Type of Work:

- | | | |
|---|---|---|
| <input type="checkbox"/> New Building - Amps: _____ sq. footage _____ | <input checked="" type="checkbox"/> Low Voltage | <input type="checkbox"/> Portable Classroom/Mobile Home |
| <input type="checkbox"/> Addition - Amps: _____ sq. footage _____ | <input type="checkbox"/> Temporary Power - Amps: _____ | <input type="checkbox"/> Illuminated Sign - |
| <input type="checkbox"/> Tenant Improvement - sq. footage _____ | <input type="checkbox"/> Carnivals - # of Concessions _____ | Sign is: New _____ Existing _____ |
| <input type="checkbox"/> Service Change - Service Amps: _____ | <input type="checkbox"/> Pool/Hot Tub/Spa/Sauna _____ | <input type="checkbox"/> Has a Sign permit already been obtained? |
| <input type="checkbox"/> Number of New Circuits _____ | <input type="checkbox"/> Fire Protection | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Description of Work: INSTALL 8 NETWORK CABINETS & 15-20 CAT5 CABLES FOR APIS & IP CAMERA

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: 2-16-12