CITY OF KIRKLAND BUILDING PERMIT APPLICATION

BNRP12-00232

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

Need to be Building Permit not T-I

Permit # BLD BNR12-00544

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

#1 **Site Address** 12601 – 120 ave N.E.
Floor and Suite #: "

Project Name: MY HOME @ Totem Lake T.I.

Property Owner Coventry II DDR TOTEM LAKE LLC Phone 212 – 699 – 4100
Property Owner's Address _____ City, Zip Code _____
Describe Tenant improvement to be Done: REMOVE EXISTING NON-LOAD BEARING WALLS, ~~MOVE & CHANGE 3 EXTERIOR OPENINGS ON NE CORNER~~

#2
Contractor's Name MY HOME FURNITURE + DECOR INC — Tenant acting as contractor
(Company Name) Contractor's Reg. # _____
Expiration Date _____
Contractor's Address 11831 – 120 AVE NE. State UBI # _____
City, Zip Code KIRKLAND WA 98034 Phone 425-242-4555

Owner

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

#3
Contact Person: Merlin Smith Daytime Phone 360-961-0990
Address 11831 – 120 ave NE Alt. Phone 425-242-4555
City Kirkland State WA ZIP 98034 Fax 425-242-4556
Email merlin@myHomeWholesale.com

#4
Sewer District _____ Septic: Yes ☐ No ☒ Water District _____

#5 **Total Estimated Project Cost** ✓ $18,000 Existing Building Valuation _____
Lender None
Address _____ Phone _____

#6 **Property Tax Account Number (Parcel #)** 692840-0020-04
Legal Description SEE ATTACHED.

Please submit 3 separate 8 ½ x 11 copies of the legal description with this application if it will not fit in space provided above.

#7 **Type of Work:**
☒ Tenant Improvement: Existing Sq. Ft. 47,566 Existing Use M Proposed Sq. Ft. 47,566
☒ New Tenant Name MY HOME FURNITURE & DECOR Proposed Use M
☒ ~~Existing or~~ previous Tenant Name: GOTTSCHALKS Previous Use: M
☐ Rack Storage ☐ Other _____

#8 ☐ **Will any tenant space be demolished as part of this permit?** YES_____ NO X
Describe tenant space to be demolished: _____
Show demolition floor plan on your plans.

#9 ☐ **If demolition work is proposed, you must contact the Puget Sound Clean Air Organization regarding 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.

Need Construction Drawings & Details

TARGET: 4/25/12

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.

#10 **Number of Mechanical Appliances:**
(G = Natural Gas, E = Electric, OT = Other)

New	Move	Existing		Fuel type	Size (BTU/kW)
____	____	____	Furnace		
____	____	____	Thermostat Wiring ____ LF		
____	____	____	Unit Heater/Wall Heater		
____	____	____	Vent Fans		
____	____	____	AC Units _____ tons		
____	____	____	Boilers/Compressors		
____	____	____	Air Handlers,_____CFM		
____	____	____	Commercial Hoods		
____	____	____	Woodstoves/Fireplaces		
____	____	____	Clothes Dryers		
____	____	____	Ranges		
____	____	____	Log Lighters/BBQ's		
____	____	____	Gas Piping - _____ feet		
____	____	____	Gas Fireplace Insert		
____	____	____	Other		

Estimated cost, mechanical portion only (excluding fire protection and plumbing)
$_____

#11 **Number of Plumbing Fixtures (including rough-ins):**

New	Move	Existing	
____	____	____	Bar Sink
____	____	____	Bathtub or Combo 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 _____
____	____	____	**TOTAL FIXTURES:** _____

#12

- 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.
- 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**: APR 20 - 2012

NOTE: 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