

Electrical Permit



City of Kirkland
123 Fifth Avenue
Kirkland WA 98033
425-587-3600

Permit Number: ELV16-02293
IVR Permit PIN Number: 1630072
Type: Electrical Low Voltage Only
Work Class: Alteration to Structure or System

ELV16-02293

Permit Information

Job Address: 3000 CARILLON PT , NONE Kirkland, WA 98033	Project: Parcel: 1725059058 Valuation: \$11,695.00 Dwelling Units:	Application Date: 03/28/2016 Issue Date: 03/28/2016 Expiration Date: 03/28/2017 Code Edition:
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Scope of Work

A (Nonresidential Alteration) project installing (Primary Building; Telecommunication system). Additional Info (CAT6 CABLE INSTALLATION. VECA JOB # 712062). Work Site Location ()

Contacts

Type	Name	Address	Phone
Electrical Contractor	VECA ELECTRIC CO INC	PO BOX 80467 SEATTLE, WA 98108-0467	B: 206.436.5200 C:
Applicant	MBP CONTACT IMPORT MBP CONTACT	123 5TH AVE KIRKLAND, WA 98033	B: C:

Request an inspection before 3 p.m. for next business day. Requests made after 3 p.m. will be scheduled on the second business day following the request.

How to request an inspection:

- 1) Dial 1-866-458-7354.
- 2) From the main menu, enter your 7-digit IVR number (1630072).
- 3) Next, the system will ask you to confirm your permit number (ELV16-02293). Press 1 to confirm the correct permit number.
- 4) Select option 3 to request a new inspection. From there enter the 3 digit inspection pin number, from the inspections to the right, for the inspection that you are requesting.

REQUIRED INSPECTIONS

	IVR	Date	Insp
1. ELE - Wall Cover	416	4/13/16	PXA
2. ELE - Ceiling Cover	418		
3. ELE - Rough In	432		
4. ELE - Final	495	4/21/16	PXA

FINALED

OR Request on www.MyBuildingPermit.com

Signature

See conditions on the back of this permit.

This permit and any accompanying plans must remain on the job site for use by City inspection personnel.

Any sales tax reported to the State in association with this project should be coded to the City of Kirkland tax location code 1716.

I certify that the information furnished by me is true and correct to the best of my knowledge and the applicable City of Kirkland requirements will be met.

Owner or Agent
(Check one)

(Print Name)

(Signature)

Date

3000 CARILLON PT , NONE

