

City of Seattle



Permits
BUILDING DEPARTMENT
BUILDING DIVISION
Fax # (916) 264-1901

FAXBACK PERMIT APPLICATION

(certain restrictions apply)

0500961

Faxed request received in this office before 3:00 p.m. will be processed the following work day. Contractors must have a current certificate of Worker's Compensation Insurance. Work started before a Building Permit is issued will be subject to quad fees.

Permits requiring plan review are not eligible for FAXBACK

In order to process this request, ALL of the following information MUST be provided:

RESIDENTIAL

APARTMENTS (4+ units per building)

COMMERCIAL (limited)

UNIT #

Job Address: 4440 Duane Street

Parcel Number: 226-0340-060

Contact Person: Phred Miller Contact Price \$ 4408.00

Property Owner: Frank H. Meyer, #12 CONTRACT PHONE: 206-261-1111

Address: 3000 Duane Street, #12 Contractor: Kiva Kowalski License # 102568

City/State/Zip: 98101 City/State/Zip: 13975 Folsom St Phone: 352-3532 FAX: 352-2823

NATURE OF WORK: (Provide detailed description of work & indicate type of work in selections below.)

Description of Work: Replac existing 3-tab roof w/ Em Corp Shingles

<input checked="" type="checkbox"/> REMOOF (including she) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input checked="" type="checkbox"/> GARAGE <input checked="" type="checkbox"/> HOUSE <input type="checkbox"/> SQUARES <input type="checkbox"/> STAIRS <input type="checkbox"/> SMOKING	<input type="checkbox"/> HVAC INSTALLATIONS <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE-OUT <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Oil-in <input type="checkbox"/> Heat pump or elect. unit to gas. <input type="checkbox"/> West Aircon <input type="checkbox"/> Fire Place install <input type="checkbox"/> Other (describe below)	<input type="checkbox"/> WATER HEATER <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Reroute <input type="checkbox"/> New <input type="checkbox"/> DRY ROT OR TERMITTE DAMAGE REPAIR <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Roof Structure <input type="checkbox"/> Extentior <input type="checkbox"/> Mudsill/Studs	<input type="checkbox"/> Electric Services Change # empes <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Replacement <input type="checkbox"/> Water Service <input type="checkbox"/> Sewer Service <input type="checkbox"/> Gas Line <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste

* Design Review approval may be required.

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