

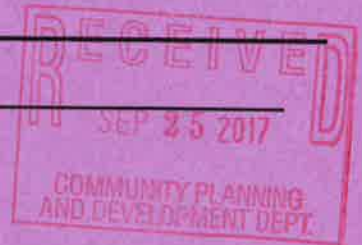


# RESIDENTIAL REMODEL PERMIT APPLICATION

Remodel (interior work), repair, replacement

DATE RECEIVED \_\_\_\_\_ PERMIT # 17-4153 RECEIVED BY \_\_\_\_\_

For Staff Use Only: ☒ Historical South Capital ☐ Planning \_\_\_\_\_  
Historic District



## SITE LOCATION

Site Address: 2215 Capital Way South

Tax Parcel Number: \_\_\_\_\_

## TYPE OF WORK

Building Use Classification: \_\_\_\_\_

## RESIDENTIAL REMODEL PERMIT INFORMATION

Description of work to be done (be specific): Replace back 8 feet of roof  
(about 200 sq. ft.)

Project Name: Leaky roof replacement

Value of Construction (stand alone only): \$1700 Gross Building Sq. Ft. of Project: \_\_\_\_\_

Tenant Number/Name (Location/Bldg/Unit/Floor/Suite Designation): \_\_\_\_\_

## PROPERTY OWNER

Owner Name: Chip Halsey Phone: 253-230-2447

Mailing Address: 2215 Capital Way South

## GENERAL CONTRACTOR INFORMATION

Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

State Contractor's License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ State UBI#: \_\_\_\_\_

## DESIGN PROFESSIONAL (ARCHITECT/ENGINEER)

Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

**CONTACT PERSON (This person is designated to receive all project communications)**

Name: Chip Halsey Phone: 253-230-2447 Fax: \_\_\_\_\_  
 Mailing Address: 2215 Capitol Way South Email: chip98501@gmail.com

**RESIDENTIAL PROJECT DESCRIPTION**

<input type="checkbox"/>	Kitchen Remodel	<input type="checkbox"/>	Re-Siding
<input type="checkbox"/>	Bathroom Remodel	<input type="checkbox"/>	Chimney Repair
<input type="checkbox"/>	Porch or Deck Replacement (same footprint)	<input type="checkbox"/>	Foundation Replacement
<input type="checkbox"/>	Porch or Deck Repair	<input checked="" type="checkbox"/>	Re-Roof
<input type="checkbox"/>	Window Replacement	<input checked="" type="checkbox"/>	Other Minor Repair or Remodel
<input type="checkbox"/>	Foundation Repair	<input type="checkbox"/>	Underfloor Repair (post, beam, joists)

**SCOPE OF WORK:****BUILDING OWNER OR AUTHORIZED AGENT**

I hereby certify that I have read and examined this application and know the same to be true and correct, and I am authorized to apply for this permit.

Chip Halsey  
Signature

Chip Halsey  
Print Name

9/25/2017  
Date

This form has been approved for use by the Olympia Community Planning and Development (CPD) Department.

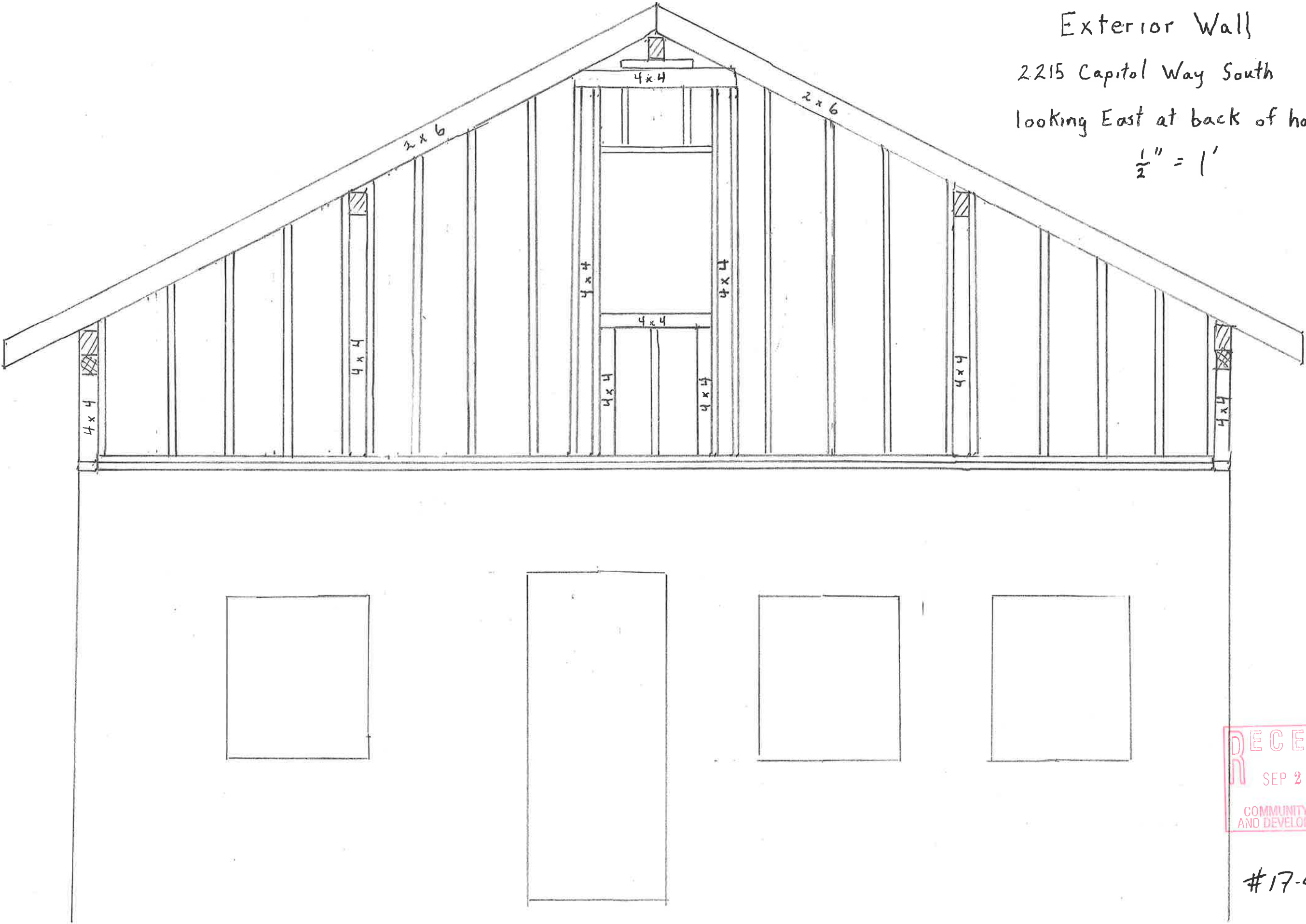
  
 Keith Stahley, Director,  
 Community Planning and Development

12/1/2016  
Date



1 of 5

Exterior Wall  
2215 Capitol Way South  
looking East at back of house  
 $\frac{1}{2}'' = 1'$

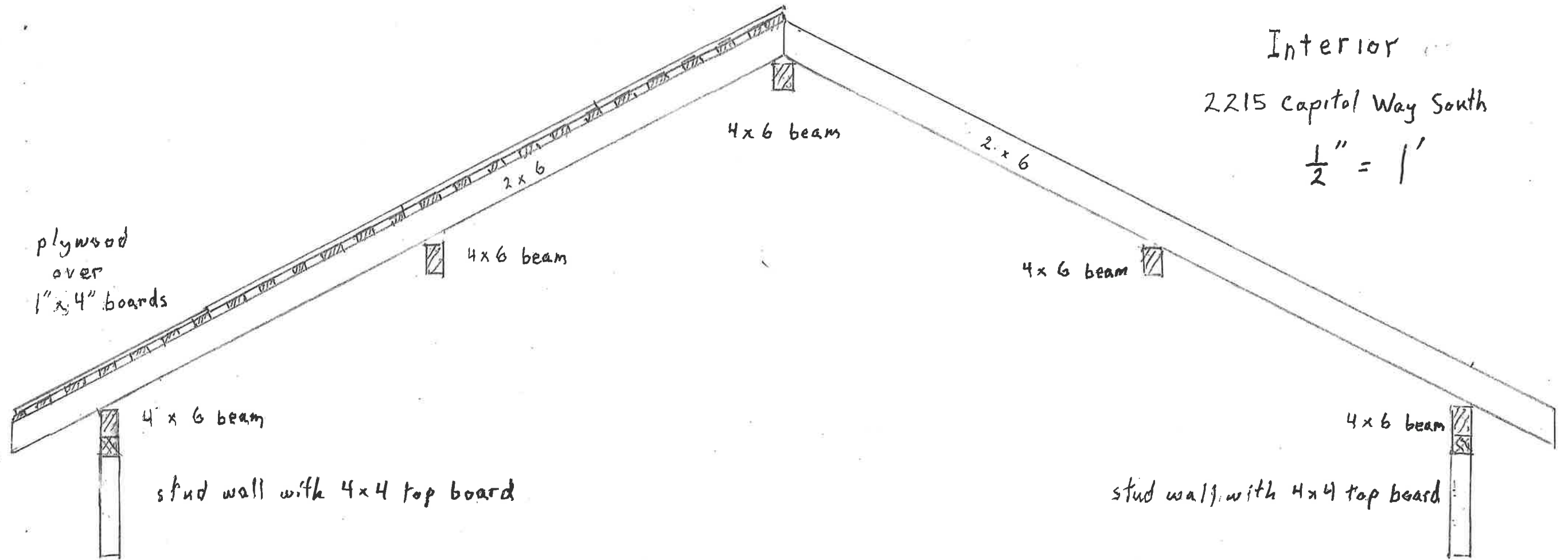


RECEIVED  
SEP 25 2017  
COMMUNITY PLANNING  
AND DEVELOPMENT DEPT.

#17-4153

2 of 5

Interior  
2215 Capitol Way South  
 $\frac{1}{2}" = 1'$



Per field inspection  
Conditions at time of inspection may require  
modification to ensure code compliance  
City of Olympia

**OCT 02 2017**

COMMUNITY PLANNING  
AND DEVELOPMENT DEPARTMENT

AUTH: \_\_\_\_\_

**RECEIVED**  
SEP 25 2017  
COMMUNITY PLANNING  
AND DEVELOPMENT DEPT.