



New Mixed Use Change of Occupancy

TYPE OF WORK:

- Accessory Structure Addition Exterior Alteration
- Garage Modular New Portable TI
- Remodel Residential Remodel Wireless Comm. Facility
- Awning Dock Fence Rack Storage Re-roof
- Retaining Wall Stormwater Vault Pool Tank

VALUE OF CONSTRUCTION & KING COUNTY ASSESSORS IMPROVEMENT VALUE*

Value of Construction: \$ ~~25,100~~ **25,100**

KC Assessors Improvement Value: \$ _____ appraised value \$250,000

SITE LOCATION

Site address: 16390 NEVALAMO ST., 98052

Tax parcel number: 719880-0085

Project name: ORIGIN TI + change of use

Tenant: Origins

Property owner: SEAN MILLER

Mailing address: 4800 40TH AVE. SW

City: SEATTLE State: WA Zip: 98106

Phone: 206 922 3954

Office Use Only

Date: 12/9/2016 BLDG: 2016-09802

Accepted by: CZ (PCR) MTA BPLN: 2016-02092

GREEN CERTIFICATION LEVEL

LEED: Silver Gold Platinum

LENDER INFORMATION N/A

Lender name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Fax: _____

E-mail: _____

APPLICANT INFORMATION

Contact person: Sean Miller

Company name: Andorra Ventures

Mailing address: 3861 E Lake Sammamish Parkway NE

City: Sammamish

State: WA Zip: 98074

Phone: 2065511309

Fax: _____

E-mail: Sean@paylinedata.com

DETAILED DESCRIPTION OF WORK

Change of Occupancy - Origins - Construction includes TI to divide the building into multiple retail suites, storage and offices, including the construction of a new 2nd story (459 sq ft) mezzanine. Total area of construction = 3268 sq ft.

WHO IS PAYING FOR THE PERMIT? CONTRACTOR APPLICANT OWNER DESIGN PROFESSIONAL

PLEASE ENTER INFORMATION BELOW IF DIFFERENT.

Name _____ Address _____

E-mail _____

GENERAL CONTRACTOR INFORMATION DESIGNED BY ARCHITECT ENGINEER

Company name: T.B.D. Contact person: TOM MORRIS

Mailing address: _____ Company name: MORRIS ARCHITECTS INC

City: _____ State: _____ Zip: _____ Mailing address: 8 BOSTON ST, SUITE 6

Phone: _____ Fax: _____ City: SEATTLE

State contractor's license #: _____ State: WA Zip: 98109

Expiration date: _____ Phone: 206 285 2403

City of Redmond business license RED000 _____ Fax: 206 285 2437

E-mail: _____ E-mail: morrisavch

BUILDING INFORMATION

Automatic Sprinkler Required Yes No Alarm Yes No
 Automatic Sprinkler Provided Yes No Hazardous Materials Yes No
 Quick Response Throughout Yes No Basement Yes No
 Quick Response per Occupant Yes No Change of Occupancy Yes No
 Number of Stories 1 Certificate of Occupancy Required Yes No
 Special Conditions* Yes No Smoke Control** Yes No

*If Yes, please explain _____

**If Yes, design and construction documents shall be submitted as a separate Fire Installation permit in conjunction with Building Permit Application.

BUILDING INFORMATION FOR PROPOSED WORK PER IBC

Location*	Interior Remodel (SF)	New/Added (SF)	Type of Construction	Proposed Occupancy	# of occupants	Non-separated use?
RETAIL A	1786		VB	M	60	Y
EMPLOYEE	179		"	A-3	12	Y
STORAGE	280		"	S-1	1	Y
OFFICE		459	"	B	5	Y
RETAIL B	470	-	"	M	16	Y

*Enter location by occupancy type (i.e. B, S-1, E, M, etc.) and by floor or suite number.

EXISTING BUILDING INFORMATION

Locate the building history and enter the information below. Form can be found at <http://gis.redmond.gov/pv/#/MapView>. If one is not available the information will be verified during plan review.

GIS #	Construction Type	Occupancy	Square Footage	Code Year
	VB	WAREHOUSE	2,799	NA

ADDITIONAL APPLICANTS PLEASE ADD ADDITIONAL APPLICANTS BELOW THAT NEED ACCESS TO THE PLANS VIA THE ONLINE PORTAL

Name: _____ Company: _____
 Name: _____ Company: _____

**Applicants must already be a contact in our permitting system. If not provide separate contact registration form per applicant.

***Value of Construction:** The value of construction shall be based on the value of the work that is being performed. The total value of work shall include materials and labor for which the permit is being sought for. For the construction of new buildings, the building valuation data table located on www.redmond.gov/permitfees shall be used for new square footage based off of type of construction and occupancy.

***King County Assessor Value** can be found at <http://www5.kingcounty.gov/parcelviewer/viewer/kingcounty/viewer.asp>. Search by address or parcel. View the property report, and input the Appraised Improvements (Imps) Value for the current year.

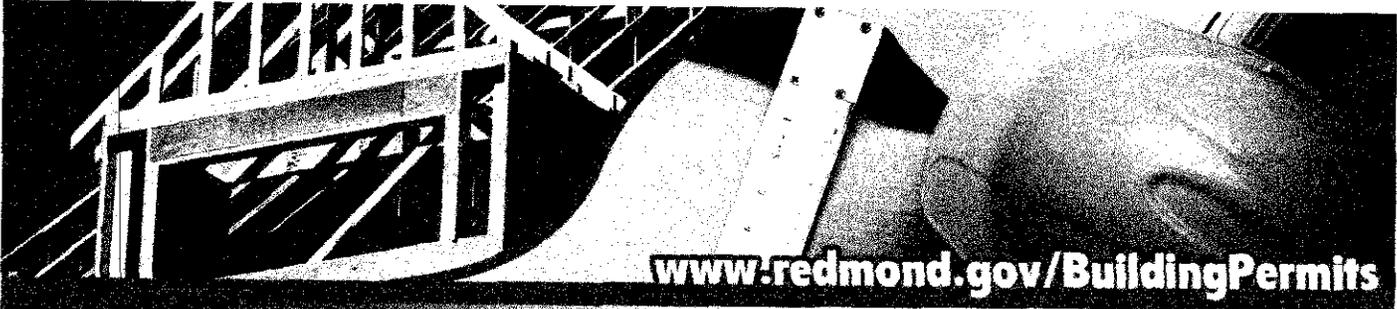
Expiration of Plan Review: Applications for which no permit is issued within 180 days following the date of application shall expire and all fees paid shall be forfeited. Upon written request of the applicant, the Building Official may grant a 180-day extension to the Plan Review time as specified in Section 105.3.2 of the IBC. No application shall be extended for a period of more than 180 days. See the Fee Schedule for extension fee information.

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.

Print Name: _____ Sean Miller _____ Date: 12-8-16

Signature:  _____



[www:redmond.gov/BuildingPermits](http://www.redmond.gov/BuildingPermits)

Temporary Parking Form

Helping you get more construction workers.



PROJECT INFORMATION

BUILDING PERMIT NUMBER: _____
 SITE ADDRESS: 16390 CLEVELAND ST.
 PLANS EXAMINER: _____
 PLANNER: _____

Office Use Only
 Approved by: _____
 Date: _____

Must be approved prior to Building Permit issuance

TYPE OF WORK

- New Commercial/Multi-Family/Mixed-Use Addition
- Commercial/Multi-Family/Mixed-Use Alteration
- Commercial/Multi-Family/Mixed-Use Rack Storage
- Re-roofing
- Tenant Improvement
- Other

PROVIDE: Site Plan(s) showing parking plan *NOT REQ'D*

APPLICANT/OWNER INFORMATION

Applicant SEAN MILLER
 Property Owner SEAN MILLER
 Property Owner _____

PRIMARY CONTACT PERSON:
 Name: TOM MORRIS
 Email: MORRISAVON@INTEGRA.NET
 Phone: 206 286 1755

Construction Stage	# of Employees on Site	Temporary Construction Parking: Location/ # of Stalls
Excavation (Date: _____)		
Foundation (Date: _____)		
Framing: (Date: _____)		
Finish: (Date: _____)		

The temporary removal of any on-street parking within the boundaries of Redmond's Downtown on-street parking area due to construction will require the purchase of monthly on-street permits for the duration of the project. The number of monthly permits purchased shall be equal to the number of on-street parking spaces displaced throughout the project. One monthly permit per space removed is required to be purchased. Permits can be purchased by calling Diamond Parking at 425-556-2433 option 1. The Downtown on-street parking map is available at Redmond.gov/parking.

- NOTE:
- Employees/sub-contractors are required to park in the area approved for construction parking for this project
 - Employees/sub-contractors are **not allowed to park** on the street or at transit center. (King County manages Park & Ride, and violators will be towed at vehicle owners expense)
 - Site Superintendent contact information to be provided to Kim Keeling khkeeling@redmond.gov 425-556-2451 at beginning of project
 - Resources are available at Go Redmond www.GoRedmond.com for vanpooling, carpooling, transit and free one month transit passes

FIRE DEPT: ANSWER THE QUESTIONS BELOW WITH A YES OR NO. A SEPARATE FIRE INSTALLATION PERMIT MAY BE REQUIRED FOR ITEMS THAT ARE CHECKED YES. PLEASE CONTACT RFD AT 425.406.0865 FOR ADDITIONAL INFO

	YES	NO
Flammable/Combustible Liquids	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hazardous Materials	<input type="checkbox"/>	<input checked="" type="checkbox"/>
High Piled Storage	<input type="checkbox"/>	<input checked="" type="checkbox"/>
HPM Facilities	<input type="checkbox"/>	<input checked="" type="checkbox"/>
LP Gas Store/Handle/Use/Dispense	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Places of Assembly	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Refrigeration Equipment for Heating and Cooling	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Spraying & Dipping	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Battery Systems	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Compressed Gases	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cryogenics	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Industrial Ovens	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Private Fire Hydrants	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Smoke Control Systems/Stair Pressurization *	<input type="checkbox"/>	<input checked="" type="checkbox"/>

*Fire Installation permit application required at time of Building permit application

If yes—Item and description

PLANNING DEPARTMENT INFORMATION; ANSWER THE QUESTIONS BELOW WITH A YES OR NO. PLEASE CONTACT 425.556.2494 FOR ADDITIONAL INFORMATION OR QUESTIONS

	YES	NO
Exterior Modifications to Building?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Change of Land Use? (RZG) i.e. warehouse to gym*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sensitive areas on or near site?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is permit a PRD/MPRD/PCD/MPCD?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Building generates noise above 35dBA	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Tree removal proposed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Additional building square footage proposed?	<input checked="" type="checkbox"/> <i>interior mess add.</i>	<input type="checkbox"/>
Change in number of existing parking stalls?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reducing landscaping square footage proposed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reroofing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If yes - Item and description

*When change of land use intensifies, a Traffic Trip Generation Study may be required. Contact Min Luo 425-556-2881