

33-07(R)

# CITY OF CRAIG, ALASKA BUILDING PERMIT APPLICATION

Applicant Information		Owner Information (if not also applicant)	
Name	City of Craig, Alaska	Name	
Mailing Address	PO Box 725	Mailing Address	
Street Address	1800 Craig Klawock Highway	Street Address	
City, State, Zip	Craig, AK 99921	City, State, Zip	
Telephone	907-826-3275	Telephone	

**Property Description**

Subdivision Name: ANCSA 14c3 Tract C

Survey Number: \_\_\_\_\_ Tract Number: \_\_\_\_\_ Lot Number: \_\_\_\_\_ Block Number: \_\_\_\_\_

Army Corps of Engineers Permit Name and/or Number: \_\_\_\_\_

**Building Activity Information (please check one)**

<input type="checkbox"/> Single Family Home	<input type="checkbox"/> Duplex	<input type="checkbox"/> Triplex	<input type="checkbox"/> Fourplex or greater
<input type="checkbox"/> Deck	<input type="checkbox"/> Porch	<input type="checkbox"/> Retaining Wall	<input type="checkbox"/> Addition
<input type="checkbox"/> Commercial Building	<input type="checkbox"/> Wannigan	<input type="checkbox"/> Garage	<input type="checkbox"/> Shed
<input type="checkbox"/> Mobile Home (Year and Make) _____			
<input type="checkbox"/> Travel Trailer (Year and Make) _____			
<input checked="" type="checkbox"/> Other (Please describe): <u>Craig Healthcare Clinic</u>			

Height of Building at Roof Eave: <30' Closest setback to property line: 40'

Building Dimensions: 147'x58' Area of building footprint: 8,525 sq ft

What use(s) do you propose for the building? Community Healthcare Center

**Site Plan** : Building plans on file with the City of Craig

Please complete on reverse side or attached sheet a site plan showing all proposed construction.

**Owner's/Applicant's Statement**

I acknowledge that I have read this application and state that the above information is correct. I agree to comply with all codes and ordinances of the City of Craig applicable to building and construction, and all land use regulations as pertaining to this permit. Any violation of land management regulations are the responsibility of the property owner. This permit becomes void upon completion of the approved work, or one year, whichever comes first. Work not documented in this application is not authorized by this building permit.

I understand that this permit is revocable if work is not completed consistent with this applicant or if work does not comply with the requirements of the City of Craig Municipal Code.

I agree to provide the City of Craig with an as-built survey of the lot in the event one is completed for this project.

*[Signature]* 12-13-07

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_ Signature of Property Owner (if other than applicant) \_\_\_\_\_ Date \_\_\_\_\_

**Special Conditions of Approval.**

The following conditions of approval are made a part of this permit as provided by section 18.06.001B.6 of the Craig Land Development Code:

1. Permit is for foundation construction only. Fire Marshal approval and submission of construction plans are required prior to beginning building construction.

*Foundation Permit Renewed 2-5-09. EA*

Permission is hereby granted to perform the above work in compliance with any and all conditions listed above and in compliance with the Craig Land Development Code and all other ordinances of the City of Craig and the State of Alaska pertaining to the construction of buildings.

Signature of City Building Official *[Signature]* Date 12-13-07



# State of Alaska

Department of Public Safety  
Division of

## Fire and Life Safety

Sarah Palin, Governor  
Joseph A Masters, Commissioner

BP 33-07R

April 10, 2009

APR 17 2009

Tom Mattingly  
Southeast Fire Protection, Inc.  
P.O. Box 624  
Sitka, AK 99835

SUBJECT: Craig Healthcare Facility - Fire Suppression System  
CITY: Craig  
PLAN REVIEW: 2009June1045  
OCCUPANCY: B  
2006 INTERNATIONAL BUILDING CODE

Dear Tom Mattingly:

Plans for the Fire Sprinkler System have been reviewed by this office for conformity with the State Fire Safety Regulations and are hereby approved. Enclosed is a certificate of approval that must be posted on the premises until the project has been completed according to the approved plans and all regulations have been adhered to.

**A copy of the certification test certificate must be forwarded to this office within (15) fifteen days of completion. Any changes to the approved plans must be submitted to this office for review and approval.**

Approval of submitted plans is not approval of omissions or oversights by this office or noncompliance with any applicable regulations of the Municipal Government.

It must be understood that the inclusion of and compliance with State Fire Safety Regulations does not preclude the necessity of compliance with the requirements of local codes and ordinances.

If we can be of further assistance in this matter, please feel free to contact us at the address below.

Sincerely,

Robert Plumb  
Deputy Fire Marshal  
Life Safety Inspection Bureau

cc: Craig Building and Fire Officials

*"Public Safety through Public Service"*  
*"Office of the State Fire Marshal"*

2760 Sherwood Lane, STE 1-A - Juneau, Alaska 99801 - Voice 907-465-4331 - Fax 907-465-5521


BP 33-07R

State of Alaska  
Office of the State Fire Marshal  
Plan Review

This is to certify that the plans for this building were reviewed by the *State Fire Marshal* on April 22, 2008 for conformance with AS 18.70.010 -- 100; 13 AAC 50.027.

This certificate shall be posted in a conspicuous place on the premises named **Craig Health Care Facility** and shall remain posted until construction is completed.

**NOTICE:** Any changes or modifications to the approved plans must be resubmitted for review by the *State Fire Marshal*.

Plan Review #: 2008A-0333 By: 

Robert Plumb  
Deputy Fire Marshal

Authorizing AS 18.70.080  
Form: 12-741 (6/01)  
**Fire Alarm and Fire Sprinkler Plans Due**



State of Alaska  
Department of Public Safety  
Division of

# Fire and Life Safety

Sarah Palin, Governor  
Walt Monegan, Commissioner

BP 33-07R

April 22, 2008

Ms. Aiza Paulson  
Livingston Stone, Inc.  
3900 Arctic Blvd., Suite 301  
Anchorage, AK 99503

SUBJECT: Craig Health Care Facility  
TOWN: Craig  
PLAN REVIEW: 2008A-0333  
TYPE OF CONSTRUCTION: V-B fully sprinkled  
OCCUPANCY: B  
2006 INTERNATIONAL BUILDING CODE

Post-it® Fax Note	7671	Date	10/15/08	# of pages	2
To	Brian Tamplin	From	Judy Miller		
Co./Dept.		Co.	Div. of Fire & Life Safety		
Phone #	907-826-	Phone #	907-465-4331		
Fax #	907-826-3278	Fax #	5521		

Dear Ms. Paulson:

Plans for the subject facility have been reviewed by this office for conformity with the State Fire Safety Regulations and are hereby approved. Shop drawings for the automatic fire alarm and fire sprinkler systems must be submitted for review and approval within ninety (90) days and prior to the installation starting on the systems.

It is prohibited to occupy this building until construction is completed and the fire alarm and fire sprinkler systems are installed, tested, and certified as operable. Any changes to the approved plans must be submitted to this office for review and approval.

Enclosed is a certificate of approval that must be posted on the premises until completion of the above facility.

Approval of submitted plans is not approval of omissions or oversights by this office or noncompliance with any applicable regulations of the municipal government. The plans have not been reviewed for compliance with the federal Americans with Disabilities Act or structural requirements.

It must be understood that the inclusion of and compliance with State Fire Safety Regulations does not preclude the necessity of compliance with the requirements of local codes and ordinances.

If we can be of further assistance in this matter, please feel free to contact us at the address below.

Sincerely,

Robert Plumb  
Deputy Fire Marshal I  
Division of Fire and Life Safety, Juneau

Enclosure: Certificate of Approval

cc: Craig Building Official  
Craig Fire Department

"Public Safety through Public Service"

2760 Sherwood Lane, STE 1-A, Juneau, AK 99801 Phone (907) 465-4331, Fax (907) 465-5521