-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) ☐ Single Family Home ☐ Duplex ☐ Triplex ☐ Fourplex or greater □ Deck ☐ Porch ☐ Retaining Wall □ Addition □ Commercial Building ☐ Wannigan □ Garage □ Shed ☐ Mobile Home (Year and Make) ☐ Travel Trailer (Year and Make) Other (Please describe): Craig Healthcare Clinic Height of Building at Roof Eve: <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 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. 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 of Applicant 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. Fundation Permit Renewed 2-5-09. 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. Date 12-13-07 Signature of City Building Official.

January 2005 Form

BP 33-07R

APR 1 7 2009



### State of Alaska

Department of Public Safety Division of

# **Fire and Life Safety**

Sarah Palin, Governor Joseph A Masters, Commissioner

April 10, 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:

В

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.

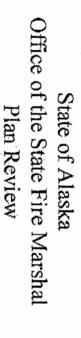
Sincerely,

Robert Plumb

Deputy Fire Marshal

Life Safety Inspection Bureau

cc: Craig Building and Fire Officials



This certificate shall be posted in a conspicuous place on the premises named Craig Health Care Facility and shall remain 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. for conformance with AS 18.70.010 -- 100; 13 AAC 50.027

posted until construction is completed.

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

2008A-0333 By Robert Plumb

Deputy Fire Marshal

Fire Alarm and Fire Sprinkler Plans Due

Authority: AS 18.70.089 Form: 12-741

Plan Review#:

7671

BP 33-07R



#### State of Alaska Department of Public Safety Division of

## re and Life Safety

Sarah Palin, Governor Walt Monegan, Commissioner

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

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.

Deputy Fire Marshal (

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