



Alcohol and Marijuana Control Office

550 W 7th Avenue, Suite 1600

Anchorage, AK 99501

alcohol.licensing@alaska.gov

<https://www.commerce.alaska.gov/web/amco>

Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Why is this form needed?

This transfer license application form is required for all individuals or entities seeking to apply for the transfer of ownership and/or location of an existing liquor license. Applicants should review **Title 04 of Alaska Statutes** and **Chapter 304 of the Alaska Administrative Code**. All fields of this form must be completed, per AS 04.11.260, AS 04.11.280, AS 04.11.290, and 3 AAC 304.105.

This form must be completed and submitted to AMCO's Anchorage office, along with all other required forms and documents, before any license application will be considered complete.

Section 1 – Transferor Information

Enter information for the **current** licensee and licensed establishment.

| | | | | | |
|-----------------------|---------------------------------|----------------------|------|------|-------|
| Licensee: | Island Hotels, LLC | License #: | 3480 | | |
| License Type: | Beverage Dispensary | Statutory Reference: | | | |
| Doing Business As: | Kodiak Harbor Convention Center | | | | |
| Premises Address: | 211 W Rezanof Drive | | | | |
| City: | Kodiak | State: | AK | ZIP: | 99615 |
| Local Governing Body: | Kodiak, Kodiak Island Borough | | | | |

Transfer Type:

- ☒ Regular transfer
- ☐ Transfer with security interest
- ☐ Involuntary retransfer

| OFFICE USE ONLY | | | |
|---------------------|--|----------------|------------------------|
| Complete Date: | | Transaction #: | 100783320 100783328 |
| Board Meeting Date: | | License Years: | |
| Issue Date: | | Examiner: | |



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Section 2 – Transferee Information

Enter information for the **new** applicant and/or location seeking to be licensed.

| | | | | | |
|--------------------|-----------------------|--------|----|------|-------|
| Licensee: | Island Hotels, LLC | | | | |
| Doing Business As: | Kodiak Compass Suites | | | | |
| Premises Address: | 203 Alder Lane | | | | |
| City: | Kodiak | State: | AK | ZIP: | 99615 |
| Community Council: | Kodiak Island Borough | | | | |

| | | | | | |
|------------------|---------------------|--------|----|------|-------|
| Mailing Address: | 236 W Rezanof Drive | | | | |
| City: | Kodiak | State: | AK | ZIP: | 99615 |

| | | | | | |
|----------------------|--------------------|-----------------|--------------|--|--|
| Designated Licensee: | Susan Johnson | | | | |
| Contact Phone: | 907-539-6217 cell | Business Phone: | 907-486-5712 | | |
| Contact Email: | info@kodiakinn.com | | | | |

Seasonal License? ☐ Yes ☒ No
If "Yes", write your six-month operating period: _____

Section 3 – Premises Information

Premises to be licensed is:

☒ an existing facility ☐ a new building ☐ a proposed building

The next two questions must be completed by beverage dispensary (including tourism) and package store applicants only:

What is the distance of the shortest pedestrian route from the public entrance of the building of your proposed premises to the outer boundaries of the nearest school grounds? Include the unit of measurement in your answer.

0.7 miles to Kodiak High School

What is the distance of the shortest pedestrian route from the public entrance of the building of your proposed premises to the public entrance of the nearest church building? Include the unit of measurement in your answer.

0.25 miles to Abba Father's Christian Fellowship



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Section 4 – Sole Proprietor Ownership Information

This section must be completed by any sole proprietor who is applying for a license. Entities should skip to Section 5.
If more space is needed, please attach a separate sheet with the required information.

The following information must be completed for each licensee and each affiliate (spouse).

This individual is an: ☐ applicant ☐ affiliate

| | | | | | |
|----------|--|--------|--|------|--|
| Name: | | | | | |
| Address: | | | | | |
| City: | | State: | | ZIP: | |

This individual is an: ☐ applicant ☐ affiliate

| | | | | | |
|----------|--|--------|--|------|--|
| Name: | | | | | |
| Address: | | | | | |
| City: | | State: | | ZIP: | |

Section 5 – Entity Ownership Information

This section must be completed by any entity, including a corporation, limited liability company (LLC), partnership, or limited partnership, that is applying for a license. Sole proprietors should skip to Section 6.

If more space is needed, please attach a separate sheet with the required information.

- If the applicant is a corporation, the following information must be completed for each *stockholder who owns 10% or more* of the stock in the corporation, and for each *president, vice-president, secretary, and managing officer*.
- If the applicant is a limited liability organization, the following information must be completed for each *member with an ownership interest of 10% or more*, and for each *manager*.
- If the applicant is a partnership, including a limited partnership, the following information must be completed for each *partner with an interest of 10% or more*, and for each *general partner*.

| | | | | | |
|------------------|---------------|--------|--------------|----------|-------|
| Entity Official: | Susan Johnson | | | | |
| Title(s): | President | Phone: | 907-539-6217 | % Owned: | 51 |
| Address: | 1710 Larch St | | | | |
| City: | Kodiak | State: | AK | ZIP: | 99615 |



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| | | | | | |
|------------------|----------------|--------|--------------|----------|-------|
| Entity Official: | Daniel Gilbert | | | | |
| Title(s): | Vice President | Phone: | 907-539-5905 | % Owned: | 49 |
| Address: | 1710 Larch St | | | | |
| City: | Kodiak | State: | AK | ZIP: | 99615 |

| | | | | | |
|------------------|--|--------|--|----------|--|
| Entity Official: | | | | | |
| Title(s): | | Phone: | | % Owned: | |
| Address: | | | | | |
| City: | | State: | | ZIP: | |

| | | | | | |
|------------------|--|--------|--|----------|--|
| Entity Official: | | | | | |
| Title(s): | | Phone: | | % Owned: | |
| Address: | | | | | |
| City: | | State: | | ZIP: | |

This subsection must be completed by any applicant that is a corporation or LLC. Corporations and LLCs are required to be in good standing with the Alaska Division of Corporations (DOC) and have a registered agent who is an individual resident of the state of Alaska.

| | | | | | |
|--------------------------|---------------------|-----------------|--------------|-------------|-------|
| DOC Entity #: | 10025175 | AK Formed Date: | 12/2/2014 | Home State: | AK |
| Registered Agent: | Susan Johnson | Agent's Phone: | 907-539-6217 | | |
| Agent's Mailing Address: | 236 W Rezanof Drive | | | | |
| City: | Kodiak | State: | AK | ZIP: | 99615 |

Residency of Agent:

Yes No

Is your corporation or LLC's registered agent an individual resident of the state of Alaska?





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Section 6 – Other Licenses

Ownership and financial interest in other alcoholic beverage businesses:

Yes No

Does any representative or owner named as a transferee in this application have any direct or indirect financial interest in any other alcoholic beverage business that does business in or is licensed in Alaska?



If "Yes", disclose which individual(s) has the financial interest, what the type of business is, and if licensed in Alaska, which license number(s) and license type(s):

Susan Johnson, Chart Room Restaurant & Lounge, Beverage Dispensary Tourism, #600
Daniel Gilbert, Chart Room Restaurant & Lounge, Beverage Dispensary Tourism, #600

Section 7 – Authorization

Communication with AMCO staff:

Yes No

Does any person other than a licensee named in this application have authority to discuss this license with AMCO staff?



If "Yes", disclose the name of the individual and the reason for this authorization:

Lucille Johnson, bookkeeper



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Form AB-01: Transfer License Application

Section 8 – Transferor Certifications

Additional copies of this page may be attached, as needed, for the controlling interest of the current licensee to be represented.

I declare under penalty of perjury that the undersigned represents a **controlling interest** of the current licensee. I additionally certify that I, as the current licensee (either the sole proprietor or the controlling interest of the currently licensed entity) have examined this application, approve of the transfer of this license, and find the information on this application to be true, correct, and complete.

Susan Johnson
Signature of transferor

Susan Johnson

Printed name of transferor

Subscribed and sworn to before me this 31st day of January, 2024.



Deborah Olson
Signature of Notary Public

Notary Public in and for the State of Alaska

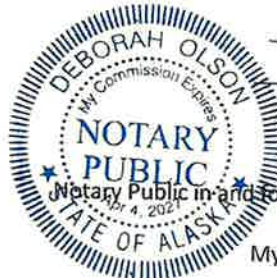
My commission expires: 4/4/2027

Susan Johnson
Signature of transferor

Susan Johnson

Printed name of transferor

Subscribed and sworn to before me this 31st day of January, 2024.



Deborah Olson
Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: 4/4/2027



Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 8 – Transferor Certifications

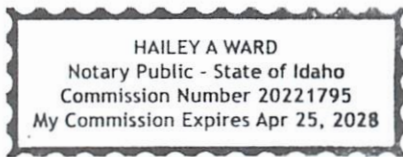
Additional copies of this page may be attached, as needed, for the controlling interest of the current licensee to be represented.

I declare under penalty of perjury that the undersigned represents a **controlling interest** of the current licensee. I additionally certify that I, as the current licensee (either the sole proprietor or the controlling interest of the currently licensed entity) have examined this application, approve of the transfer of this license, and find the information on this application to be true, correct, and complete.

Daniel Gilbert
Signature of transferor

Daniel K. Gilbert
Printed name of transferor

Subscribed and sworn to before me this 27 day of September, 2024.



Hailey A Ward
Signature of Notary Public

Notary Public in and for the State of Idaho.

My commission expires: April 25, 2028

Signature of transferor

Printed name of transferor

Subscribed and sworn to before me this _____ day of _____, 20____.

Signature of Notary Public

Notary Public in and for the State of _____.

My commission expires: _____



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Section 9 – Transferee Certifications

Read each line below, and then sign your initials in the box to the right of each statement:

Initials

I certify that all proposed licensees (as defined in AS 04.11.260) and affiliates have been listed on this application.



I certify that all proposed licensees have been listed with the Division of Corporations.



I certify that I understand that providing a false statement on this form or any other form provided by AMCO is grounds for rejection or denial of this application or revocation of any license issued.



I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check the identification of a patron will complete an approved alcohol server education course, if required by AS 04.21.025, and, while selling or serving alcoholic beverages, will carry or have available to show a current course card or a photocopy of the card certifying completion of approved alcohol server education course, if required by 3 AAC 304.465.



I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application.



I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted are true and correct. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment, or documents to support this application, is sufficient grounds for denying or revoking a license/permit. I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.




Signature of transferee

Susan Johnson

Printed name




Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: 4/4/2021

Subscribed and sworn to before me this 31st day of January, 2024.



Alaska Alcoholic Beverage Control Board

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Section 9 – Transferee Certifications

Read each line below, and then sign your initials in the box to the right of each statement:

Initials

I certify that all proposed licensees (as defined in AS 04.11.260) and affiliates have been listed on this application.

DJ

I certify that all proposed licensees have been listed with the Division of Corporations.

DJ

I certify that I understand that providing a false statement on this form or any other form provided by AMCO is grounds for rejection or denial of this application or revocation of any license issued.

DJ

I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check the identification of a patron will complete an approved alcohol server education course, if required by AS 04.21.025, and, while selling or serving alcoholic beverages, will carry or have available to show a current course card or a photocopy of the card certifying completion of approved alcohol server education course, if required by 3 AAC 305.700.

DJ

I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application.

DJ

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all the information contained herein, and evidence or other documents submitted are true and correct. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment, or documents to support this application, is sufficient grounds for denying or revoking a license/permit. I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

DJ

I certify that I and any individual identified in the business entity ownership section of this application, has, or will read AS 04 and its implementing regulations.

DJ

Daniel Gilbert
Signature of transfereeDaniel K. Gilbert
Printed nameHailey A Ward
Signature of Notary PublicNotary Public in and for the State of IdahoMy commission expires: April 25, 2028Subscribed and sworn to before me this 27 day of September, 2024.

HAILEY A WARD
Notary Public - State of Idaho
Commission Number 20221795
My Commission Expires Apr 25, 2028



Alaska Alcoholic Beverage Control Board

Form AB-02: Premises Diagram

Why is this form needed?

A detailed diagram of the proposed licensed premises is required for all alcohol license applications, per AS 04.11.260, 3 AAC 305.630 and 3 AAC 305.660. Your diagram must include dimensions and must show all entrances and boundaries of the premises, walls, bars, fixtures, and areas of storage, service, consumption, and manufacturing.

This form must be completed and submitted to AMCO's Anchorage office before any license application will be considered complete. You may attach blueprints or other detailed drawings that meet the requirements of this form.

The diagram MUST include:

- You must use a **solid, contiguous red line** to outline the outer perimeter of your premises with no breaks or separations.
 - The red outline is required to follow a physical barrier (wall, fence and even across doorways).
 - There should be no red lines within the perimeter
- Each area should be clearly labeled in any color other than red where alcohol is:
 - Stored
 - Served/Sold
 - Manufactured
 - Consumed
- All diagrams must include:
 - Dimensions (AMCO does not accept diagrams drawn to scale)
 - Cross streets
 - Points of reference, such as a compass rose indicating True North
 - All entrances, exits, walls, bars, and fixtures
- If your premises include multiple floors, please include a separate diagram of each floor.
 - You must identify the stairs between each floor, and each hallway/corridor that leads to each set of stairs.
- If your premises includes multiple floors, please include a separate diagram of each floor. You must identify the stairs between each floor, and each hallway/corridor that leads to each set of stairs.
- If your proposed premises is located within a building or building complex that contains multiple businesses and/or tenants, please provide an additional page that clearly shows the location of your proposed premises within the building or building complex, along with the addresses and/or suite numbers of the other businesses and/or tenants within the building or building complex.
- Any license applications that include outdoor space** are required to submit a security plan that includes information about the barriers, practices, and personnel that are to be used to ensure that alcohol is not introduced or removed from the permitted premises and to prevent the access of alcohol by a minor during the permitted event. A security plan may be requested for other proposed locations on a case-by-case basis.

Section 1 – Establishment Information

Enter information for the business seeking to be licensed, as identified on the license application.

| | | | |
|--------------------|-----------------------|-----------------|-------|
| Licensee: | Island Hotels, LLC | License Number: | 3480 |
| License Type: | Beverage Dispensary | | |
| Doing Business As: | Kodiak Compass Suites | | |
| Premises Address: | 203 Alder Lane | | |
| City: | Kodiak | State: | AK |
| | | ZIP: | 99615 |

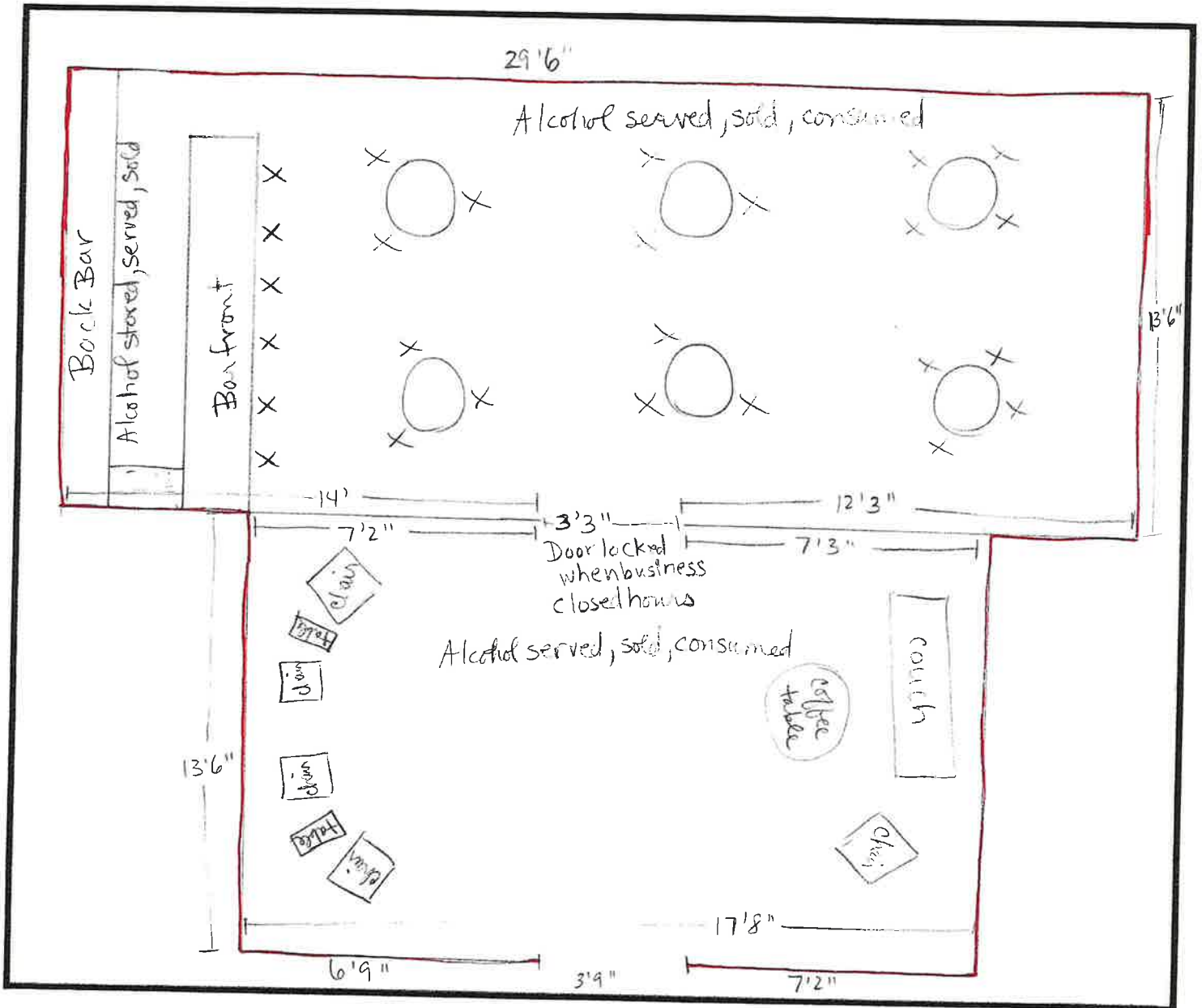


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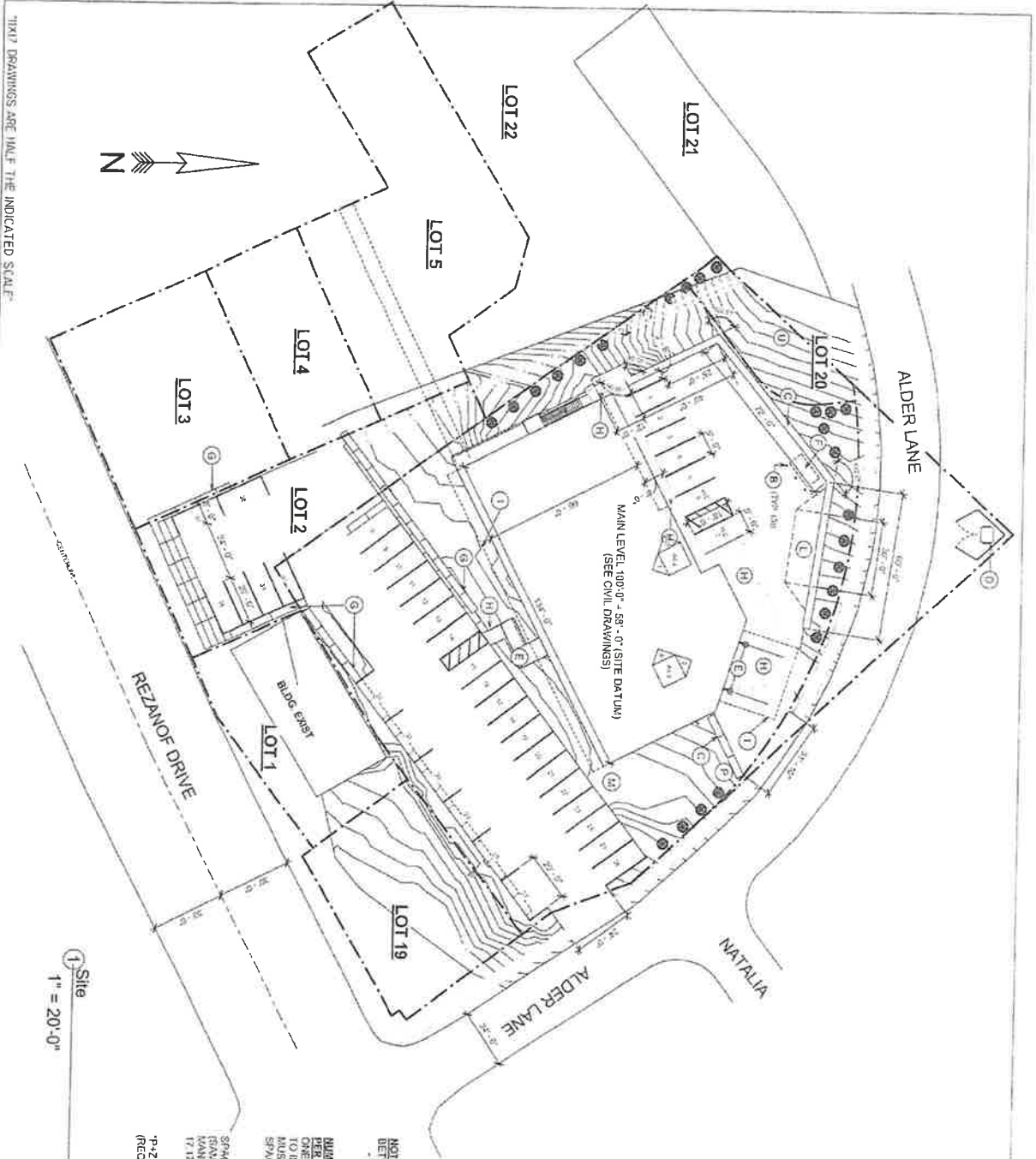
Alaska Alcoholic Beverage Control Board
Form AB-02: Premises Diagram

Section 2 – Detailed Premises Diagram

Clearly indicate the boundaries of the premises and the proposed licensed area within that property. See above for detailed instructions.



THIS DRAWING IS HALF THE INDICATED SCALE



1 Site
1" = 20'-0"

NOTE: 4' HIGH SOLID OR NATURAL BARRIER AS SCREENING BETWEEN RESIDENTIAL ZONING + HOTEL. (KBC 17.175.080 D - TYPICAL (CONCRETE/SHRUB/ARTISTE 4' HIGH (MIN.)

NUMBER OF OFF-STREET PARKING SPACES REQUIRED
PER KBC 17.175.080 D
TOTAL SPACE PER GUEST ROOM AND DWELLING UNIT TO INCLUDE UNLOADED ACCESSIBLE SPACES (ONE MUST BE VAN ACCESSIBLE) AND A 10' X 30' LOADING SPACE.

SPACES AND MANEUVERING AREA MUST BE ON SAME LOT
GUEST SITE AND PARKING SPACES TO BE ON SAME LOT
MANEUVERING AREA ON AND OTHER KBC 17.175.080 D
17.175.080 G

TO 2 APPROVED SCREENING REQUIRED PER KBC 17.20.050 C
(REQUIRES SCREENING REVIEW AT REGULAR P+Z MEETING

- SHEET NOTES**
- 1 LINE OF ROOF (ARROW)
 - 2 LINE OF BUILDING (REF. ONLY)
 - A PROPOSED LOT 2 (COMBINATION OF EXISTING LOTS 2A, 2B, 2C)
 - B BOLLARDS (6" DIA.) STEEL W/ COVER
 - C CONCRETE RETAINING BLOCK 8" X 2' X 2'
 - D LIMESTONE PATTERN (SEE CIVIL DRAWINGS)
 - E DUMPSTER - "SELECT" SIGNING ON PRT WOOD FRAME W/ DRIVEN STEEL POST
 - F ENTRY
 - G FUEL TANK (200 GAL PROPOSED)
 - H GABION WALL
 - I 8' X 3' X 3'
 - J OR 9' X 3' X 3'
 - K (UNDER PAVING W/ STOP OR ROLLARD)
 - L HEATED CONC. SLAB (SEE MECH.)
 - M LOADING BERTH (10' X 30')
 - N MOP (PROPOSED)
 - O PEDESTAL SIGN
 - P ADD 4' HIGH CONTINUOUS EVERGREEN SHRUB FOR SCREENING (SEE CIVIL DRAWINGS)
 - Q RESIDENTIAL PER KBC 17.175.080 D UTILITY AND DRIVEWAY EASEMENT PER PLAT 2008-51 TO SCALE (EASEMENT AS PER PLAT 2008-51)
 - R
 - S
 - T
 - U

28 FEBRUARY 2017 • PERMIT RESPONSE SET •

REFERENCE PLAT: PLAT 2008-51
SUBDIVISION CASE NO. 507-2002

A1.2

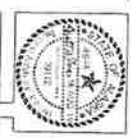
DATE: 2/28/17
BY: SAJ
KODIAK
DWG SITE

KODIAK COMPASS SUITES

KODIAK, ALASKA

SAJJ ARCHITECTURE, LLC

REV 1/23/17



AMCO Received 3/15/24



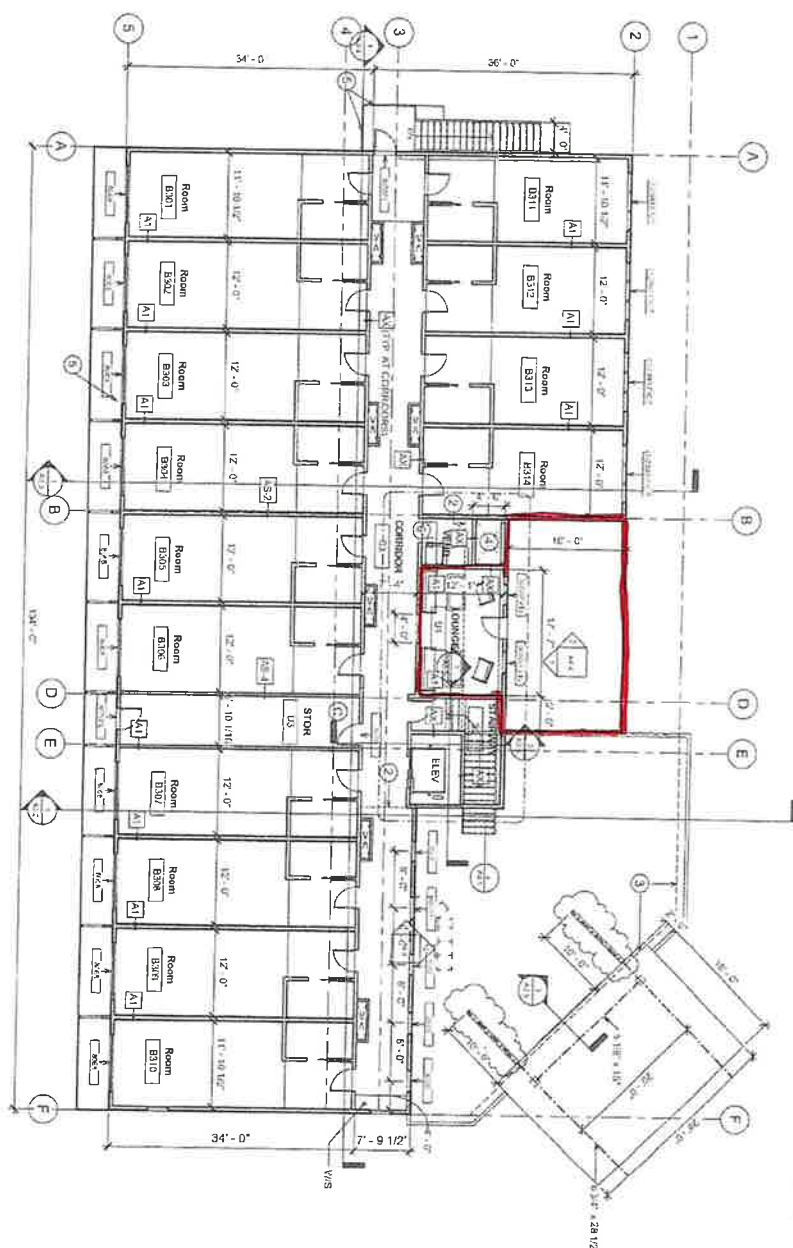
1. M. A. ALI, J. S. PRASAD, and R. C. MURPHY, *J. Polym. Sci. Polym. Chem. Ed.*, **10**, 1095 (1972).
2. R. C. MURPHY, unpublished results.
3. R. C. MURPHY, unpublished results.
4. R. C. MURPHY, unpublished results.
5. R. C. MURPHY, unpublished results.
6. R. C. MURPHY, unpublished results.
7. R. C. MURPHY, unpublished results.
8. R. C. MURPHY, unpublished results.
9. R. C. MURPHY, unpublished results.
10. R. C. MURPHY, unpublished results.

SHEET NOTES

- ① BALCONY W/ 12" x 12" CONC. PAVERS
- ② LINE OF BUILDINGS (ABOVE)
- ③ LINE OF BUILDING (BELOW)
- ④ MECHANICAL CHASE
- ⑤ SIS 3/8" CARB. E. GUARD RAIL - 44" AFF. AT 3 1/2" O.C. HORIZONTAL
- ⑥ VENDING MACHINES
- ⑦ CART STORAGE
- ⑧ WINDOW SEAT 1'-2 1/2"

WALL TYPES
SEE SHEET A2.0 FOR WALL TYPE
ASSEMBLIES

CELLULOSE INSULATION



① UPPER LEVEL

 $1/8" = 1'-0"$

R-1 = 7060 SF

* (X1) DRAWINGS ARE HALF THE INDICATED SCALE *

• 28 FEBRUARY 2017 • PERMIT RESPONSE SET •

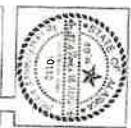
A2.3

DP ROM
CR SCL
DT 28 FEB 17
FM ROKK
GM IFREP LEVEL
PLAN

KODIAK COMPASS SUITES

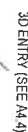
SAJJ ARCHITECTURE, LLC

AMCO Received 3/15/24





1071-1: 1995, *Statistical models for categorical data with applications in medicine and biology*, 2nd ed., H. O. O'Quigley, Ed., Wiley, New York, 304 pp.



① CONC. SLAB ON GRADE

- (2) BEAM ABOVE
- (3) LINE OF BUILDING (ABOVE)
- (4) CRAWL SPACE ACCESS 36" x 48" W/ LADDER
- (5) S/S 3/8" CABLE GUARD RAIL 4-1/4" AFF (AT 3 1/2" O.C. HORIZONTAL)
- (6) VENDING (ICE/SODA)
- (7) WINDOW (STORE FRONT ASSEMBLY)
- (8) FIRE PLACE (SEE THRU/GAS)
- (9) DRINKING FOUNTAIN
- (10) CART STORAGE (2x3') CART
- (11) GRIP STRUT TREAD
- (12) LUGGAGE STORAGE
- (13) PRINTER
- (14) ROCK (FULL HEIGHT)
- (15) TEMPERED GLAZING

WALL TYPES
SEE SHEET A2.0 FOR WALL TYPE
ASSEMBLIES

CELLULOSE INSULATION

① MAIN LEVEL
1/8" = 1'-0"

R-1 = 9462 SF
MECH = 282 SF
TOTAL = 9744 SF

• 28 FEBRUARY 2017 • PERMIT RESPONSE SET

A2.2

KODIAK COMPASS SUITES

KODIAK, ALASKA

SAJJ ARCHITECTURE, LLC

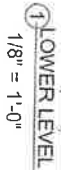
AMCO Received 3/15/24





STANDARD MOUNTING HEIGHTS

517



① LOWER LEVEL
1/8" = 1'-0"

R-1 = 5383 SF
ACC. = 2042 SF
TOTAL = 7425 SF

1/8" = 1' DRAWINGS ARE HALF THE INDICATED SCALE

28 FEBRUARY 2017 • PERMIT RESPONSE 457

SHEET NOTES

- (1) SLAB ON GRADE
- (2) EXIT (EMERGENCY)
- (3) CONCRETE RETAINING WALL (SEE STRUCT)
- (4) CRAWLSPACE ACCESS(ABOVE)
- (5) CS ACCESS (THRU WALL) 32" W X 48" H
- (6) VENDING (ICE, SODA, / SNACKS)
- (7) 24" X 36" CRAWLSPACE ACCESS (TO BELOW)
- (8) ALIGN
- (c/s) CRAWLSPACE
- (H) HANDRAIL 3/32" (2" DIA STEEL - ROUND)
- (L) LANDING
- (R) RAAMP
- (T) TEMPERED

W/LF = WALK IN FREEZER

WALL TYPES
SEE SHEET A2.0 FOR WALL TYPE
ASSEMBLIES

CELLULOSE INSULATION

CELLULOSE INSULATION

KODIAK COMPASS SUITES

KODIAK, ALAS

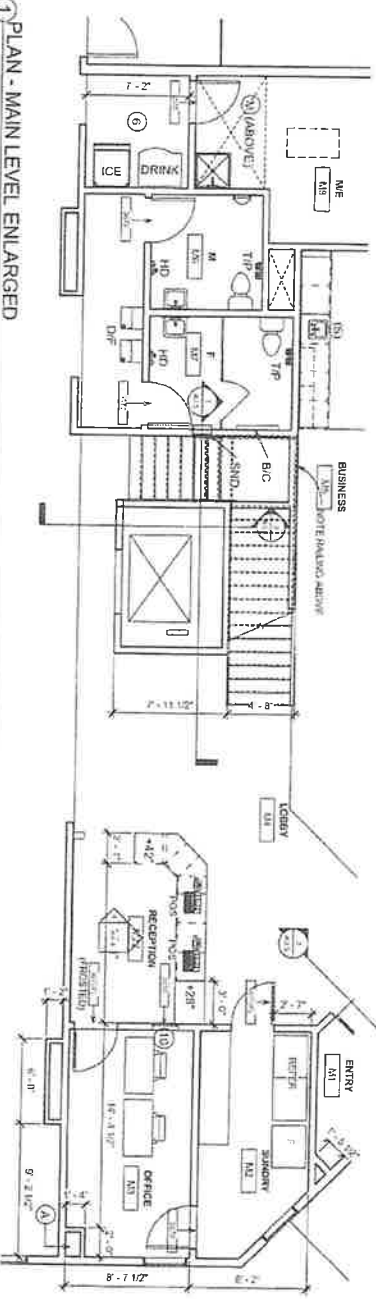
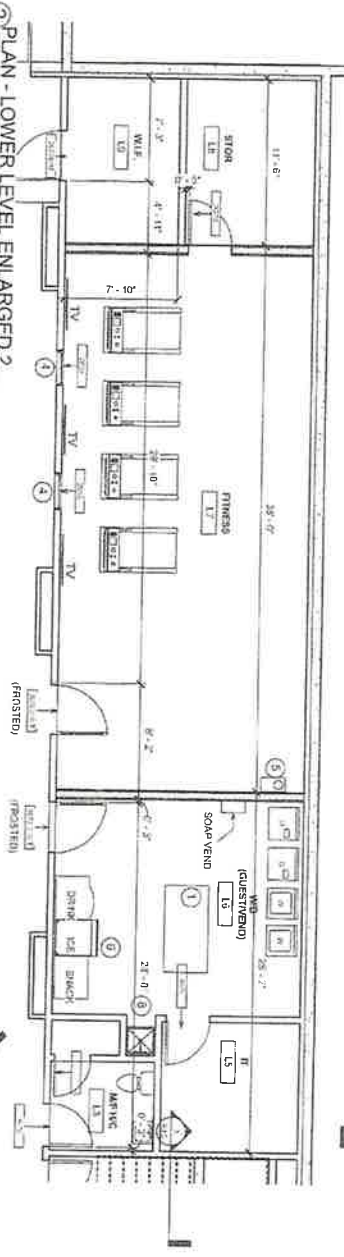
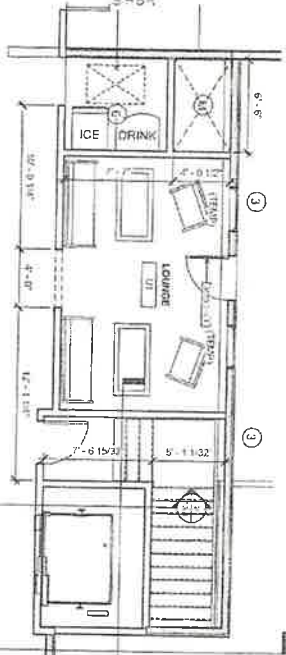
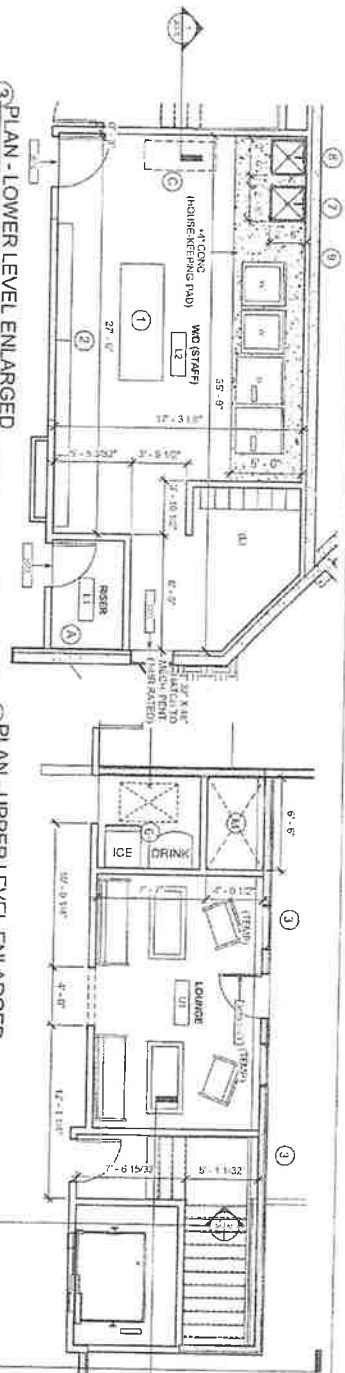
AMCO Received 3/15/24

SAJJ ARCHITECTURE, LLC

REV NO. DATE

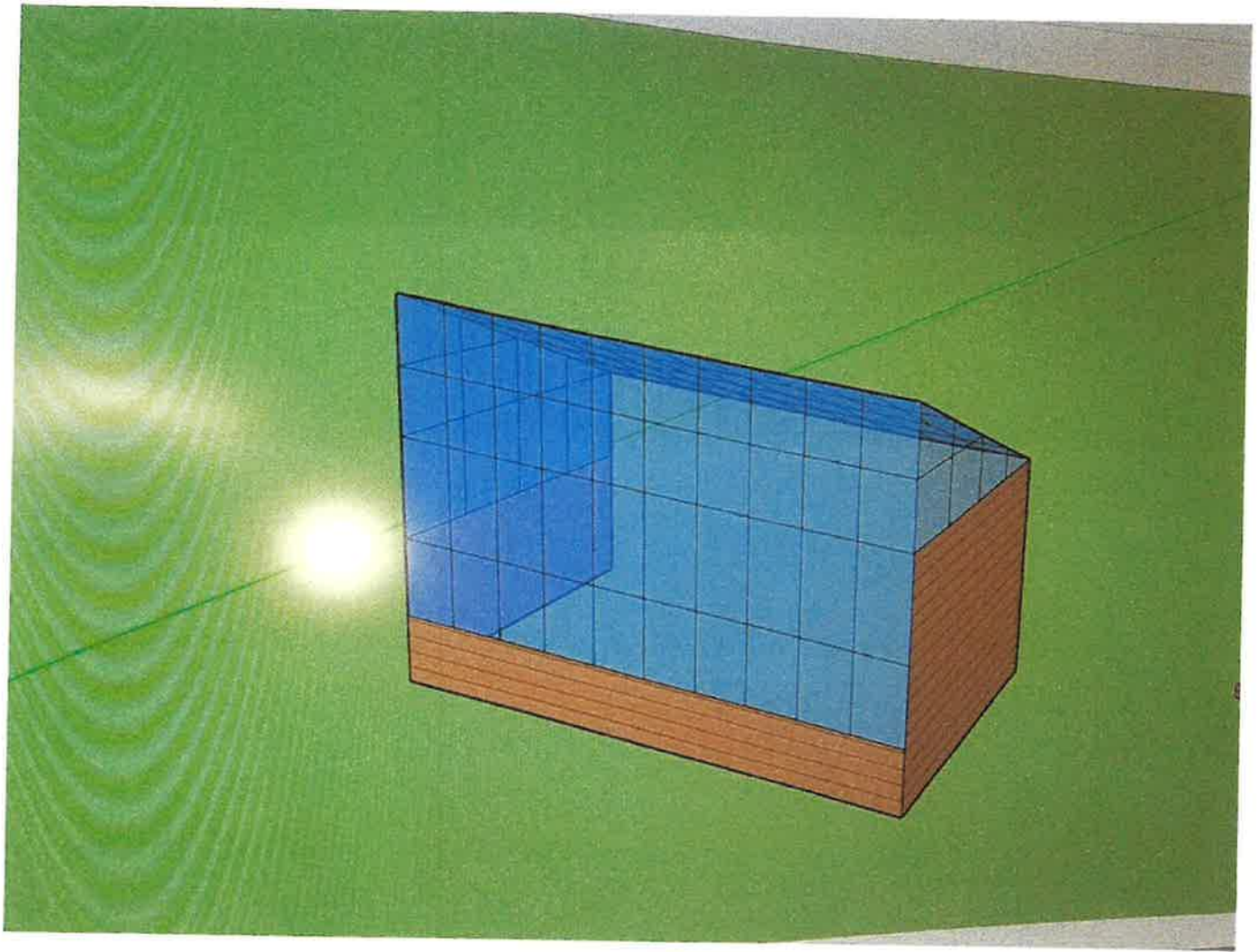
A2.1





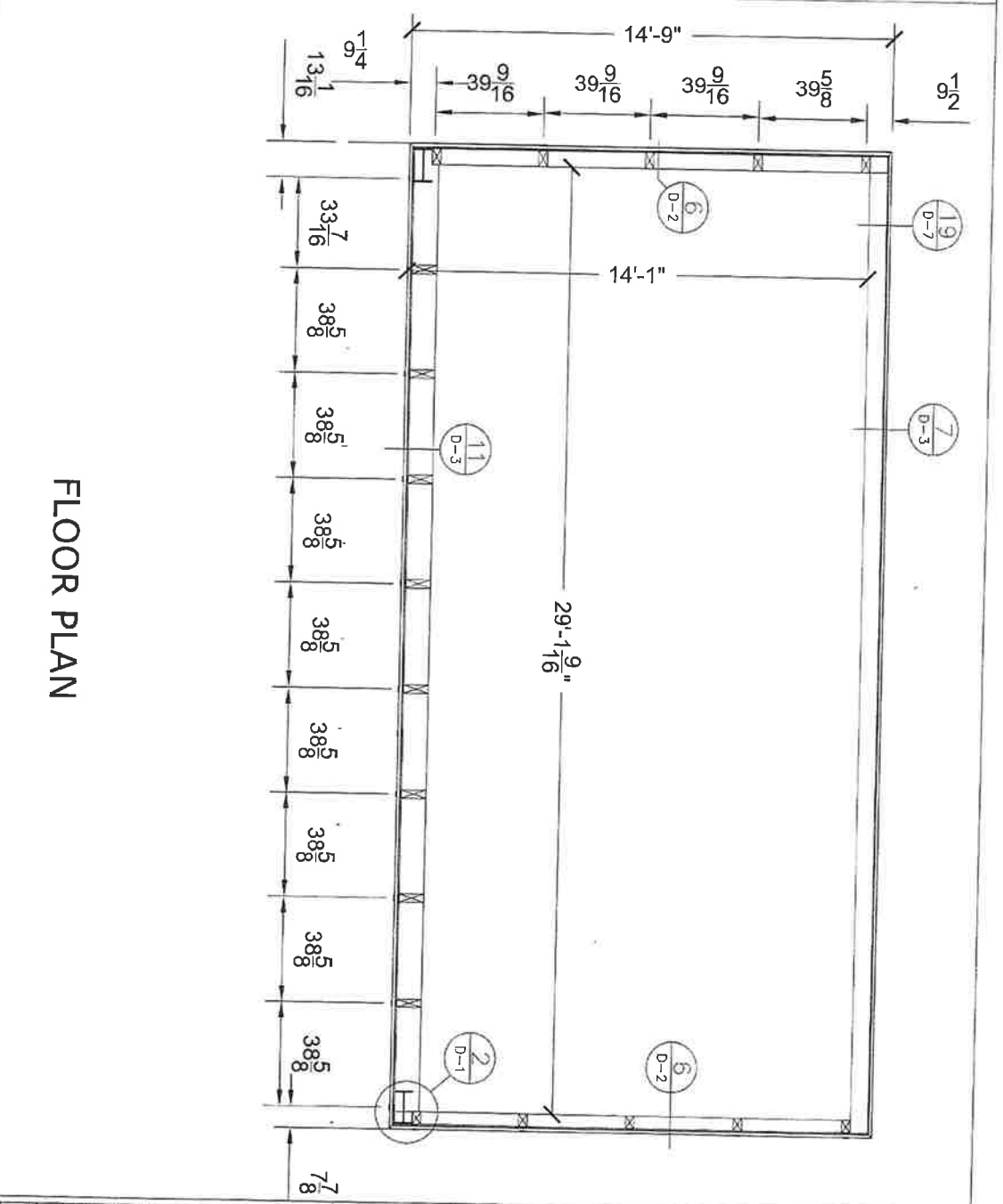
- SHEET NOTES:**
- (A) FIRE SPRINKLER - RISER CLOSET
 - (C) CART STORAGE
 - (M) MECHANICAL
 - (1) TABLE
 - (2) SHELVES
 - (3) HEATER ABOVE (ELEC. YALT)
 - (4) 2050 (T) FROSTED
 - (5) DRINKING FOUNTAIN W/ BOTTLE FILLER
 - (6) VENDING (C/F) SUNDARY SUPPLIES)
 - (7) IACP SINK (2'-6" x 2'-6")
 - (8) 2'-6" x 2'-6" UTILITY SINK
 - (9) SOAP DISPENSER
 - (10) INTERIOR WINDOW (ONE WAY) 2' x 36" (TEMP)
- B/C BABY CHANGING STATION
H/O HAND DRYER
SND SANITARY NAPKIN DISPOSAL
(POS) POINT OF SALE
(P) PRINTER
(T) TEAPREPED
TV TELEVISION (FLAT SCREEN)
(L) LOCKERS STACKED
(S) 15" x 15" HAND SINK
T/P TOILET PAPER
- W/D NOTE:**
UNI-DAC WASHER
35" x 37" x 60"
- SPEED QUEEN DRYER
36" x 40 1/2" x 75 1/2"





Renovating space.
Enclosure of the patio space to become ^{main} bar
area, to begin end of April 2024. Looking to open for business
in July/August 2024.

| | |
|---|-------------------------------|
| Glass Type: | |
| Roof: | LE 366 TEMP LAM / LE 189 TEMP |
| Walls: | N / A |
| Walls: | LE 366 TEMP / LE 189 TEMP |
| Roof/Glazing: | LE 366 TEMP / LE 189 TEMP |
| Walls/Glazing: | LE 366 TEMP / LE 189 TEMP |
| Walls/Glazing: | LE 366 TEMP / LE 189 TEMP |
| Frame: | |
| Type: | WOOD |
| Finish: | BRONZE |
| Notes: | |
| 1. DIMENSIONS SHOWN ARE TO OUTSIDE OF FINISHED SKIN/ROOF, UNLESS OTHERWISE SHOWN. | |
| 2. CONVEYING AND MATERIALS NOT INCLUDED. | |
| 3. FINISH TRIM NOT INCLUDED. | |
| 4. OVER-HEAD DOORS NOT TO EXCEED 18' 0" DEEP PANEL OF GLASS. | |
| 5. ALL ALUMINUM PARTS SHALL BE ANNEALED UNLESS OTHERWISE SPECIFIED. | |
| 6. DOOR OR LESS THAN 18" FROM FINISH FLOOR. | |
| 7. ALL MATERIAL SHALL BE STORED IN DRY ENVIRONMENT. | |
| 8. ALL WOOD SHALL BE PRE-FINISHED WITH STAIN AND AT LEAST TWO COATS OF TOP FINISH IMMEDIATELY UPON ARRIVAL. | |
| 9. HUMIDITY CONTROL SYSTEM REQUIRED FOR POLYURETHANE ENCLOSURE, (BY OTHERS). | |
| 10. GLOBAL SOLARISING RESERVES THE RIGHT TO MAKE MINOR NON-STRUCTURAL CHANGES TO DESIGN LAYOUT DURING THE PRODUCTION PROCESS. | |
| BASIC WIND SPEED = 160 mph. | |
| WIND EXPOSURE = D | |
| ROOF SNOW LOAD = 40 psf | |



FLOOR PLAN

511 W. 11th ST. SUITE 8A
VANCOUVER, WA 98101
OFF: (206) 454-3500
FAX: (206) 896-6376
EMAIL: INFO@GLOBALSOLARIUM.COM
WEB: WWW.GLOBALSOLARIUM.COM

**SEATTLE PATIO
COVERS, INC.**

31326 16th WAY SOUTH
SUITE 102
TUMWATER, WA 98561
OFFICE: (206) 850-3600

KODIAK COMPASS SUITES

236 REZANOF DR.
KODIAK, AK

9-27-23

Project Number: XX-XXX

Client: 2-16-23

Drawn by: AS

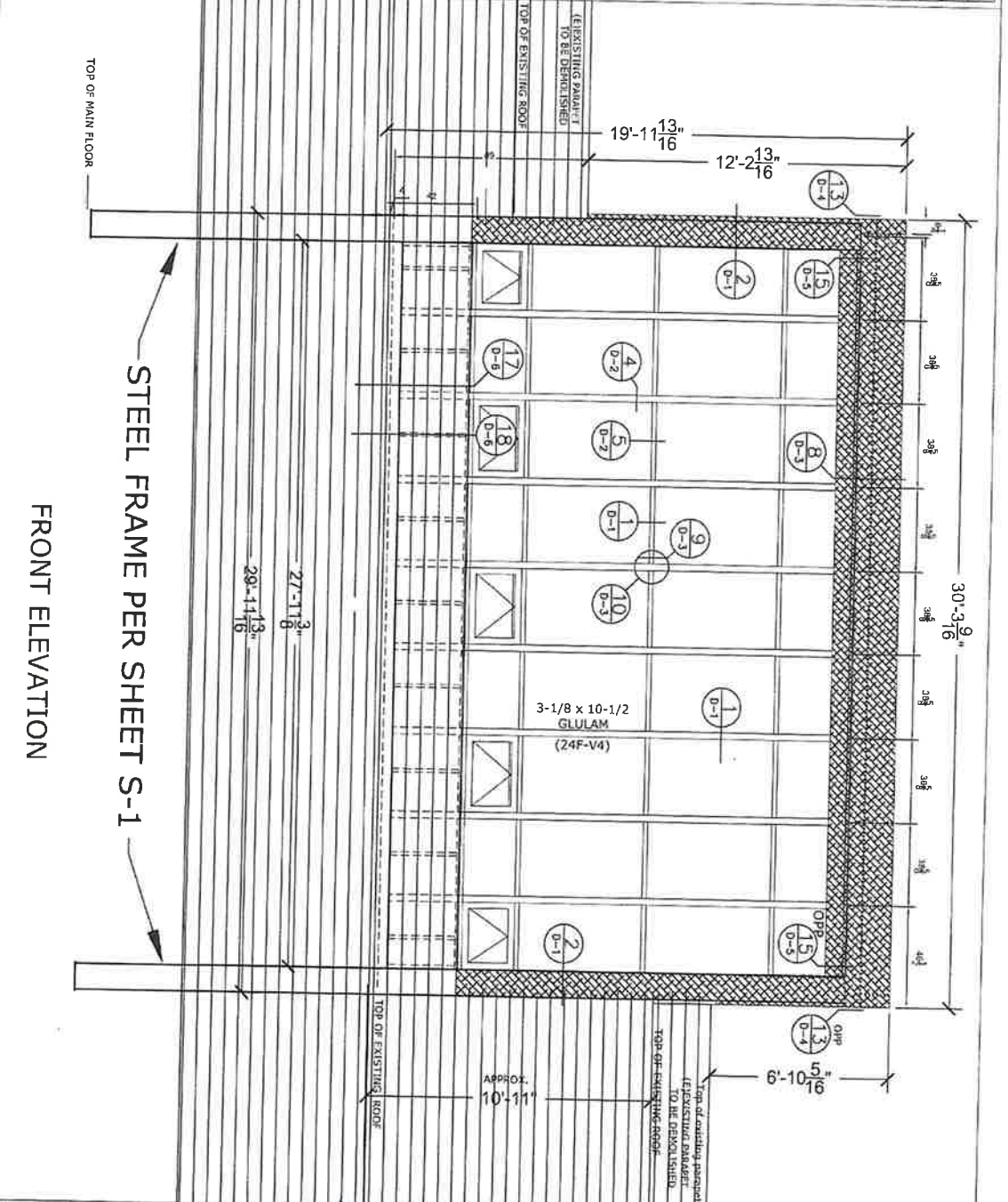
Checked by:

Revised:

Scale: A-4

Notes: N.T.S.

| | |
|---|-------------------------------|
| Glass Type: | |
| Head: | LE 366 TEMP LAM / LE 189 TEMP |
| Side: | N / A |
| Wail: | LE 366 TEMP / LE 189 TEMP |
| Right Glaze: | LE 366 TEMP / LE 189 TEMP |
| Left Glaze: | LE 366 TEMP / LE 189 TEMP |
| Frame: | |
| Type: | WOOD |
| Finish: | BRONZE |
| Notes: | |
| 1. DIMENSIONS SHOWN ARE TO OUTSIDE OF FINISHED WINDOW, UNLESS OTHERWISE SPECIFIED. 2. COXY, FRAMING AND MATERIALS NOT INCLUDED. 3. FINISH TRIMS NOT INCLUDED. 4. OTHER HEAD GLAZING NOT TO EXCEED 16 IN. PER PANE OF GLASS. 5. ALL GLAZING MEMBER 6005-16 ANGLE LISTS WITH IN 24 OF DOOR OR LESS THEN 16" FROM FINISH FLOOR. 7. ALL MATERIAL SHALL BE TYPED IN DRY ENVIRONMENT. 8. ALL WOOD SHALL BE PRE-FINISHED WITH STAIN AND AT LEAST TWO COATS OF TOP FINISH IMMEDIATELY UPON ARRIVAL. 9. HUMIDITY CONTROL SYSTEM REQUIRED FOR PROGLSPA ENCLOSURE (BY OTHERS). 10. GLOBAL SOLARILMS RESERVES THE RIGHT TO MAKE MINOR NON-STRUCTURAL CHANGES TO DESIGN DURING THE PRODUCTION PROCESS. | |
| BASIC WIND SPEED = 160 mph, WIND EXPOSURE = D ROOF SNOW LOAD = 40 psf | |
| Revisions: | |



910 W. 11th ST. SUITE 404
VANCOUVER, WA 98660
OFF: (604) 680-7888
FAX: (604) 680-6910
EMAIL: INFO@GLOBALSOLARILMS.COM
WEB: WWW.GLOBALSOLARILMS.COM

SEATTLE PATTO
COVERS, INC.

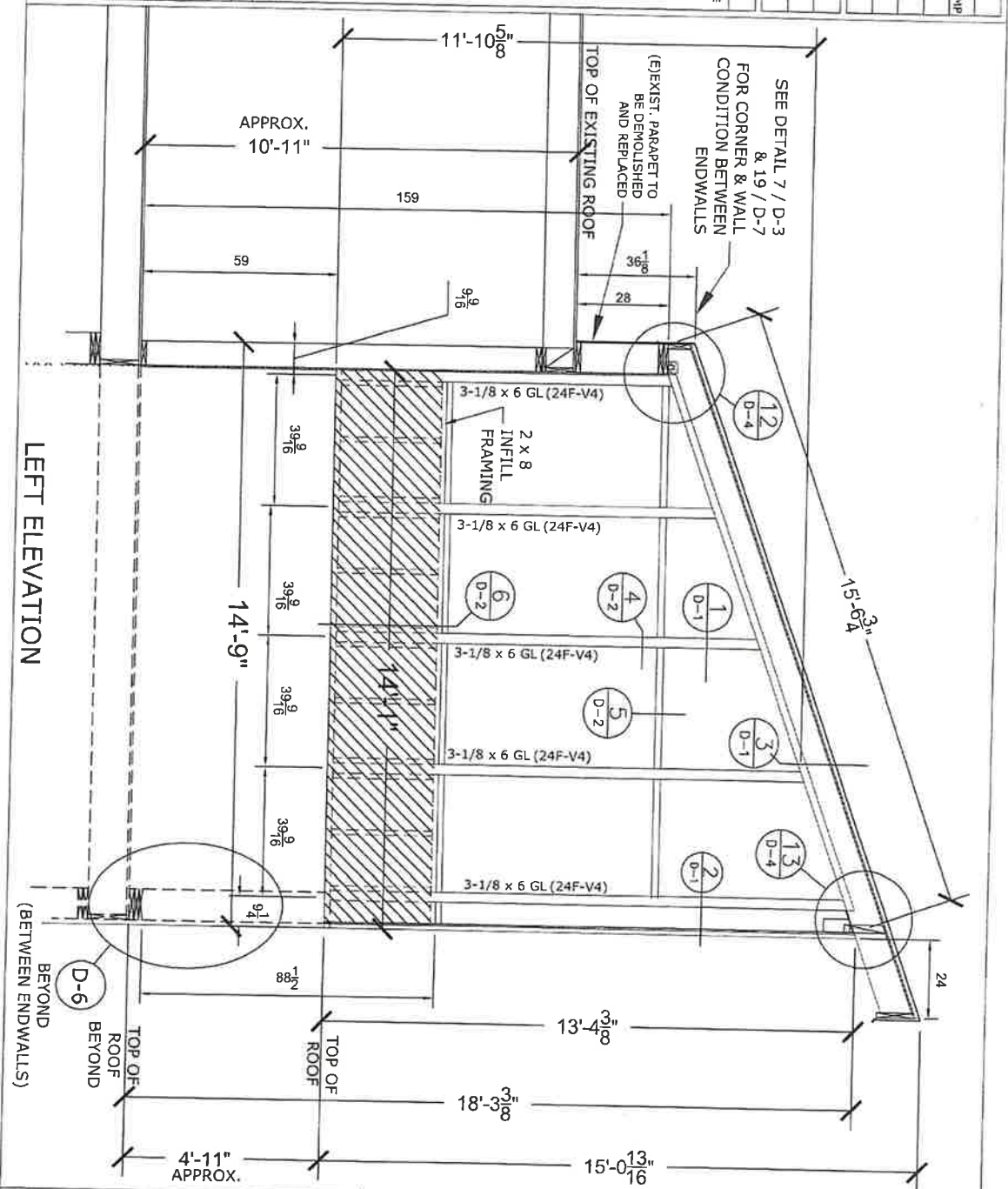
11559 1st WAY SOUTH
SUITE 102
EDMUNDS, WA 98043
OFFICE: (206) 855-1600

KODIAK COMPASS SUITES
236 REZANOF DR.
KODIAK, AK

9-27-23

Project: XX-XXX
Date: 2-16-23
Checked by: AS
Drawn by: A-1
Title: N.T.S.

| | |
|--|------------------------------|
| Glass Type: | |
| Roof: | LE366 TEMP LAM / LE 189 TEMP |
| Frame: | N / A |
| WALL: | LE366 TEMP / LE 189 TEMP |
| Roof Glazing: | LE366 TEMP / LE 189 TEMP |
| WALL Glazing: | LE366 TEMP / LE 189 TEMP |
| Frame: | |
| Type: | WOOD |
| Finish: | BRONZE |
| Notes: | |
| 1. DIMENSION SHOWN ARE TO OUTSIDE OF FINISHED SUBROOF, UNLESS OTHERWISE SHOWN. | |
| 2. CONJ. FRAMING AND MATERIALS NOT INCLUDED. | |
| 3. FINISH TRIMS NOT INCLUDED. | |
| 4. OVER HEAD GLAZING NOT TO EXCEED 16' 8" PER PANE OF GLASS. | |
| 5. ALL ALUMINUM WEATHER GASKETS ARE TO BE INSTALLED WITHIN 2" OF DOOR OR LESS THEN 1" FROM FINISH FLOOR. | |
| 7. ALL MATERIAL SHALL BE STORED IN DRY ENVIRONMENT. | |
| 8. ALL WOOD SHALL BE PRE-FINISHED WITH STAIN AND AT LEAST (2) TWO COATS OF TOP FINISH IMMEDIATELY UPON ARRIVAL. | |
| 9. HUMIDITY CONTROL SYSTEM REQUIRED FOR POOL/SPA ENCLOSURE, (BY OTHERS). | |
| 10. QUAL. SQUANDS RESERVES THE RIGHT TO MAKE MINOR NON-STRUCTURAL CHANGES TO DESIGN/AVOUT DURING THE PRODUCTION PROCESS. | |
| BASIC WIND SPEED = 160 mph, WIND EXPOSURE = D | |
| ROOF SNOW LOAD = 40 psf | |
| 9 | 9-27-2023 |
| 8 | 9-23-2023 |
| 7 | 7-16-2023 |
| 6 | 6-02-2023 |
| 5 | 5-31-2023 |
| 4 | 5-30-2023 |
| 3 | 5-25-2023 |
| 2 | 4-17-2023 |
| 1 | 2-20-2023 |
| No. | Date |
| Revisions: | |



SEATTLE PATIO COVERS, INC.

33350 1st WAY SOUTH
SUITE 102
FEDERAL WAY, WA 98003
OFFICE: (206) 868-3440

KODIAK COMPASS SUITES

236 REZANOFF DR.
KODIAK, AK

COLONIAL SOLARIUM

800 W. 11th ST SUITE 4A
VANCOUVER, WA 98660
OFF: (604) 683-7266
FAX: (604) 683-6118
E-MAIL: INFO@COLSOLARIUMS.COM
WEB: WWW.COLSOLARIUMS.COM

Project Number: XX-XXX

Date: 2-16-23

Drawn by: AS

Checked by:

Notes: A-2 N.T.S.

STATE OF ALASKA

MARK J. NELSON

NO. 10109

9-27-23

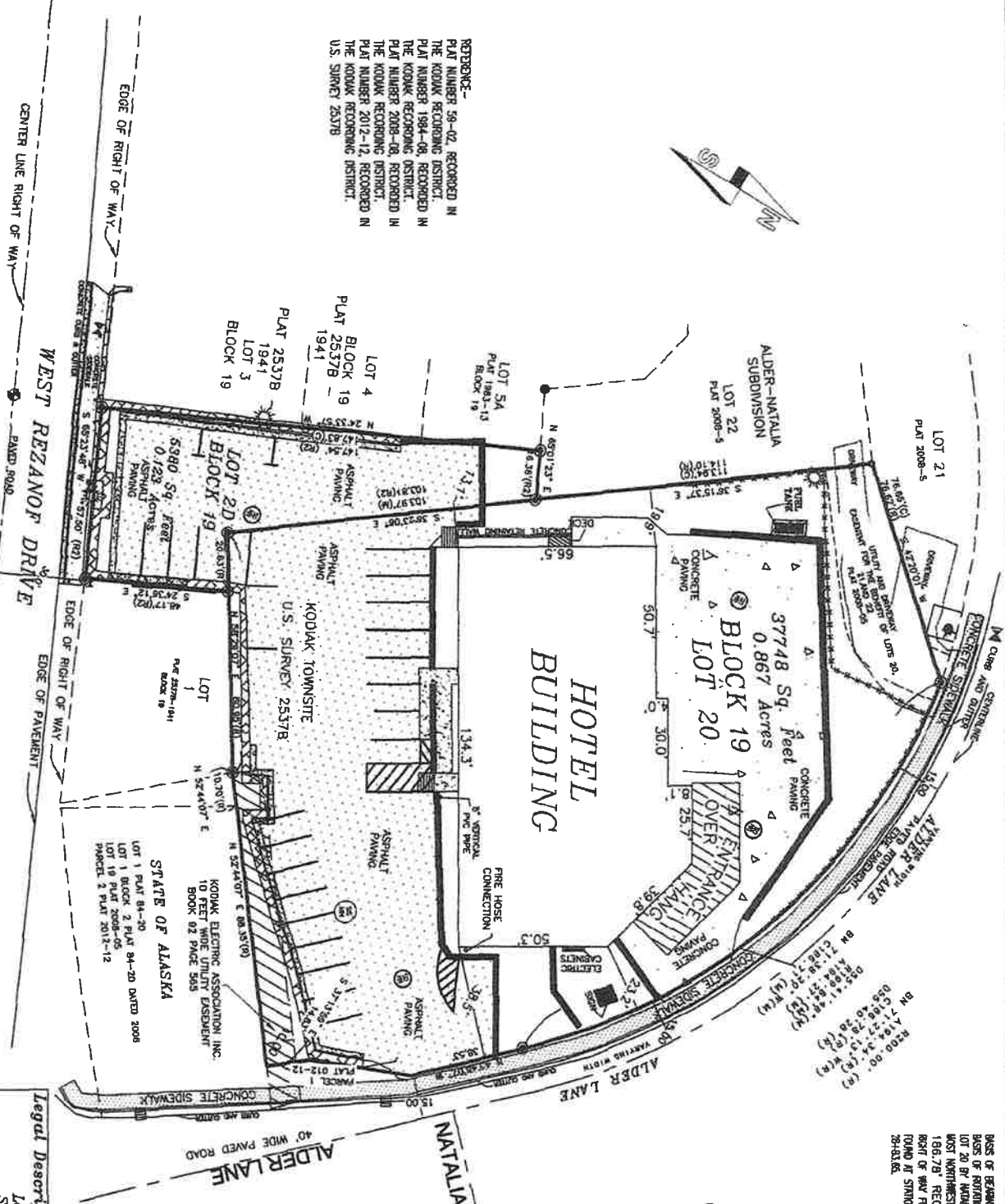
AMCO Received 3/15/24



SURVEYOR'S CERTIFICATE
I HEREBY CERTIFY THAT I AM PROPERLY REGISTERED AND LICENSED TO PRACTICE LAND SURVEYING IN THE STATE OF ALASKA, THAT THIS AS-BUILT REPRESENTS A SURVEY MADE BY ME OR UNDER MY DIRECT SUPERVISION AND THAT THE MONUMENTS SHOWN HEREON ACTUALLY EXIST AS DESCRIBED, AND THAT ALL DIMENSIONS AND OTHER DETAILS ARE CORRECT.
DATE: 3-21-2018
RESIDATION NO. 10197
MARK R. STODUM
REGISTERED LAND SURVEYOR

NOTES:
1. SUBJECT TO ALL CONDITIONS, STANDARD, EASEMENTS, EASEMENTS, RESERVATIONS, RESERVATIONS AND RIGHTS OF WAY OF RECORD.
2. SUBJECT TO ALL COPY RIGHT LAWS.
3. ST. DENNY SURVEYING INC. ASSUMES NO RESPONSIBILITY OR LIABILITY FOR ANY ERRORS OR OMISSIONS OF ANY KIND WHATSOEVER IN TERMS OF CONTENT SHOWN HEREON AND DISCLAIMS ALL WARRANTIES AND/OR CONDITIONS, EXPRESS OR IMPLIED, TO THE CONTENT INTO ANY WATER RELATING TO THE INFORMATION SHOWN HEREON.

| Legal Description: | | |
|---|----------|-------------|
| AS BUILT | | |
| LOT 20 BLOCK 19 ALDER NATALIA SUBDIVISION PLAT 2008-06 AND LOTS 2D BLOCK 19 PLAT 2016-06 OF THE KODIAK TOWNSHIP U.S. SURVEY NO. 2537B | | |
| ALASKA | | |
| KODIAK | DATE | PROJECT NO. |
| AS BUILT | 03-16-18 | 18-0100222 |
| SCALE | SHEET | |
| 1" = 50' | 1 of 1 | |
| PREPARED FOR: | | |
| ISLAND HOLDINGS, KODIAK ALASKA | | |
| ST. DENNY SURVEYING INC. | | |
| P.O. BOX 388, KODIAK, ALASKA 99816 (907) 481-3600 | | |



RECEIVED
MAR 15 2024

- LEGEND**
- 1-1/2" ALUMINUM CAP
 - 2" ALUMINUM CAP
 - 3" BRASS CAP
 - (M) = MEASURED DIMENSION
 - (C) = COMPUTED DIMENSION
 - (R) = RECORDED DIMENSION - PLAT 2008-08
 - (R2) = RECORDED DIMENSION - PLAT 59-02
 - FIRE HYDRANT
 - ⊙ SANITARY SEWER MAN HOLE
 - ⊙ STORM DRAIN MAN HOLE
 - ☼ LIGHT POLE
 - █ BLOCK WALL
 - ▨ GABION WALL
 - CHAIN LINK FENCE

BASE OF BEARING-NORTH: NAD 83 (2011/PA1111) EPOCH 2010.00
BASE OF POSITION-HED MONUMENT FOUND AT POINT OF CORNER ON RIGHT OF WAY FOR ALDER LOT 20 BY NATALIA WAY FOR POSITION AND MONUMENT FOUND ON CORNER OF LOT 20 ALDER LOT 20 NORTHWEST CORNER HED FOR LINE (N 71°22'13"W - 186.71 MEASURED, 186.78' RECORDED).
NOTE: IF ANY FOR WEST REZANOF DRIVE WAS ESTABLISHED BY LINE 5' GRASS OR MONUMENT FOUND AT STATION P.C. 66+08.00 AND A 3" BRASS CAP MONUMENT FOUND AT STATION P.C. 26+04.00.

1. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) (aa) (ab) (ac) (ad) (ae) (af) (ag) (ah) (ai) (aj) (ak) (al) (am) (an) (ao) (ap) (aq) (ar) (as) (at) (au) (av) (aw) (ax) (ay) (az) (ba) (bb) (bc) (bd) (be) (bf) (bg) (bh) (bi) (bj) (bk) (bl) (bm) (bn) (bo) (bp) (bq) (br) (bs) (bt) (bu) (bv) (bw) (bx) (by) (bz) (ca) (cb) (cc) (cd) (ce) (cf) (cg) (ch) (ci) (cj) (ck) (cl) (cm) (cn) (co) (cp) (cq) (cr) (cs) (ct) (cu) (cv) (cw) (cx) (cy) (cz) (da) (db) (dc) (dd) (de) (df) (dg) (dh) (di) (dj) (dk) (dl) (dm) (dn) (do) (dp) (dq) (dr) (ds) (dt) (du) (dv) (dw) (dx) (dy) (dz) (ea) (eb) (ec) (ed) (ee) (ef) (eg) (eh) (ei) (ej) (ek) (el) (em) (en) (eo) (ep) (eq) (er) (es) (et) (eu) (ev) (ew) (ex) (ey) (ez) (fa) (fb) (fc) (fd) (fe) (ff) (fg) (fh) (fi) (fj) (fk) (fl) (fm) (fn) (fo) (fp) (fq) (fr) (fs) (ft) (fu) (fv) (fw) (fx) (fy) (fz) (ga) (gb) (gc) (gd) (ge) (gf) (gg) (gh) (gi) (gj) (gk) (gl) (gm) (gn) (go) (gp) (gq) (gr) (gs) (gt) (gu) (gv) (gw) (gx) (gy) (gz) (ha) (hb) (hc) (hd) (he) (hf) (hg) (hh) (hi) (hj) (hk) (hl) (hm) (hn) (ho) (hp) (hq) (hr) (hs) (ht) (hu) (hv) (hw) (hx) (hy) (hz) (ia) (ib) (ic) (id) (ie) (if) (ig) (ih) (ii) (ij) (ik) (il) (im) (in) (io) (ip) (iq) (ir) (is) (it) (iu) (iv) (iw) (ix) (iy) (iz) (ja) (jb) (jc) (jd) (je) (jf) (jg) (jh) (ji) (jj) (jk) (jl) (jm) (jn) (jo) (jp) (jq) (jr) (js) (jt) (ju) (jv) (jw) (jx) (jy) (jz) (ka) (kb) (kc) (kd) (ke) (kf) (kg) (kh) (ki) (kj) (kk) (kl) (km) (kn) (ko) (kp) (kq) (kr) (ks) (kt) (ku) (kv) (kw) (kx) (ky) (kz) (la) (lb) (lc) (ld) (le) (lf) (lg) (lh) (li) (lj) (lk) (ll) (lm) (ln) (lo) (lp) (lq) (lr) (ls) (lt) (lu) (lv) (lw) (lx) (ly) (lz) (ma) (mb) (mc) (md) (me) (mf) (mg) (mh) (mi) (mj) (mk) (ml) (mm) (mn) (mo) (mp) (mq) (mr) (ms) (mt) (mu) (mv) (mw) (mx) (my) (mz) (na) (nb) (nc) (nd) (ne) (nf) (ng) (nh) (ni) (nj) (nk) (nl) (nm) (nn) (no) (np) (nq) (nr) (ns) (nt) (nu) (nv) (nw) (nx) (ny) (nz) (oa) (ob) (oc) (od) (oe) (of) (og) (oh) (oi) (oj) (ok) (ol) (om) (on) (oo) (op) (oq) (or) (os) (ot) (ou) (ov) (ow) (ox) (oy) (oz) (pa) (pb) (pc) (pd) (pe) (pf) (pg) (ph) (pi) (pj) (pk) (pl) (pm) (pn) (po) (pp) (pq) (pr) (ps) (pt) (pu) (pv) (pw) (px) (py) (pz) (qa) (qb) (qc) (qd) (qe) (qf) (qg) (qh) (qi) (qj) (qk) (ql) (qm) (qn) (qo) (qp) (qq) (qr) (qs) (qt) (qu) (qv) (qw) (qx) (qy) (qz) (ra) (rb) (rc) (rd) (re) (rf) (rg) (rh) (ri) (rj) (rk) (rl) (rm) (rn) (ro) (rp) (rq) (rr) (rs) (rt) (ru) (rv) (rw) (rx) (ry) (rz) (sa) (sb) (sc) (sd) (se) (sf) (sg) (sh) (si) (sj) (sk) (sl) (sm) (sn) (so) (sp) (sq) (sr) (ss) (st) (su) (sv) (sw) (sx) (sy) (sz) (ta) (tb) (tc) (td) (te) (tf) (tg) (th) (ti) (tj) (tk) (tl) (tm) (tn) (to) (tp) (tq) (tr) (ts) (tt) (tu) (tv) (tw) (tx) (ty) (tz) (ua) (ub) (uc) (ud) (ue) (uf) (ug) (uh) (ui) (uj) (uk) (ul) (um) (un) (uo) (up) (uq) (ur) (us) (ut) (uu) (uv) (uw) (ux) (uy) (uz) (va) (vb) (vc) (vd) (ve) (vf) (vg) (vh) (vi) (vj) (vk) (vl) (vm) (vn) (vo) (vp) (vq) (vr) (vs) (vt) (vu) (vv) (vw) (vx) (vy) (vz) (wa) (wb) (wc) (wd) (we) (wf) (wg) (wh) (wi) (wj) (wk) (wl) (wm) (wn) (wo) (wp) (wq) (wr) (ws) (wt) (wu) (wv) (ww) (wx) (wy) (wz) (xa) (xb) (xc) (xd) (xe) (xf) (xg) (xh) (xi) (xj) (xk) (xl) (xm) (xn) (xo) (xp) (xq) (xr) (xs) (xt) (xu) (xv) (xw) (xx) (xy) (xz) (ya) (yb) (yc) (yd) (ye) (yf) (yg) (yh) (yi) (yj) (yk) (yl) (ym) (yn) (yo) (yp) (yq) (yr) (ys) (yt) (yu) (yv) (yw) (yx) (yy) (yz) (za) (zb) (zc) (zd) (ze) (zf) (zg) (zh) (zi) (zj) (zk) (zl) (zm) (zn) (zo) (zp) (zq) (zr) (zs) (zt) (zu) (zv) (zw) (zx) (zy) (zz)

RECORDED LIST IS THE LAST
 SUBJECT JAMES GOODMAN
 17001 FIDELITY WAY
 MOORE POINT, ALABAMA 36554
 SEE ATTACHED

RECEIVED LOT 10 3RD FLOOR
ALE L. SMITH
PROPERTY MANAGER
ALE L. SMITH
100 W. RICHARDSON
ROCKFORD, ILLINOIS 61103

III. ADVANTAGES

RENEWING LOT 17 THIS PLAT.
SAC. CO.
P.O. BOX 766
ECONOMY, ALABAMA 36033
SEE ATTACHMENT

CHECK:
RECORDED LOT IN THIS PLAT
DEVIS BUILDING CO.
6211 W LINDEN PLACE
POULDER, NE 68049
SEE ATTACHMENT

RECEIVED MAY 19 1966
JOURNAL OF THE
AMERICAN MEDICAL ASSOCIATION
535 N. Dearborn Ave.
Chicago, Ill. 60610

Comments: _____
NOTED: _____

DECLASSIFICATION
CLASSIFIED FOR **DATE** **BY**
22 SEP2007

JOE E. HAYES
P.O. BOX 161
HOLM, ALABAMA 36033
HAYES@AOL.COM

10226

100

