

**REVISIONS TO EXISTING RESIDENTIAL OR COMMERCIAL APPLICATIONS**

**THIS APPLICATION MUST BE ACCOMPANIED BY 2 (TWO) SETS OF CONSTRUCTION DRAWINGS AND 3 (THREE) ACCURATE, FULLY DIMENSIONED SITE PLANS (IF APPLICABLE)**

PERMIT #: B-21-0712 PROJECT NAME: Strobl Garage

SITE ADDRESS: 1922 5<sup>th</sup> Ave SW Puyallup, WA 98371

CONTACT PERSON: Jeff Strobl PHONE #: 253-355-8203

CONTACT EMAIL: Jatwork1@yahoo.com

DESCRIPTION OF REVISIONS: Site Plan Revision w/proper scale

**NOTE BELOW ANY REVISIONS THAT APPLY TO THE PROJECT:**

**Indicate if you are increasing or decreasing square footage:**

Building Area (sq. ft.) +/-

1 <sup>st</sup> floor	_____ new _____ remodel	2 <sup>nd</sup> floor	_____ new _____ remodel
Garage	_____ new _____ remodel	Deck	_____ new _____ remodel
Basement	_____ new _____ remodel	Other	_____ new _____ remodel

Revised Project Valuation: \$ \_\_\_\_\_

<p><b>Plumbing Changes</b>  <b>Example: +1 sink or -2 water closets</b></p> <p>_____ sink/lavatories _____ garbage disposal          _____ water closet _____ floor drains          _____ tub/shower _____ misc _____          _____ dishwasher          _____ water heater          _____ lawn sprinkler/backflow</p>	<p><b>Mechanical Changes</b>  <b>Example: 1+exhaust fan or -1 heat pump</b></p> <p>_____ furnace+/-100k _____ air-conditioner          _____ gas piping _____ duct work          _____ hood _____ fireplace          _____ diffusers _____ exhaust fans          _____ dryer vent _____ boiler          _____ heat pump _____ misc _____</p>
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**If this is a change of contractor, please provide the following:**

Contractor \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

**I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT AND THAT THE CONSTRUCTION ON THE ABOVE DESCRIBED PROPERTY, THE OCCUPANCY, AND USE WILL BE IN ACCORDANCE WITH THE LAWS, RULES, AND REGULATIONS OF THE STATE OF WASHINGTON AND THE CITY OF PUYALLUP MUNICIPAL CODE.**

 253-355-8203 DATE: 3 / 21 / 23  
 SIGNATURE OWNER / AUTHORIZED AGENT PHONE #

**OFFICE USE ONLY:**

( ) Building: staff initials \_\_\_\_\_ Date \_\_\_\_\_ ( ) Plan: staff initials \_\_\_\_\_ Date \_\_\_\_\_  
 ( ) Eng: staff initials \_\_\_\_\_ Date \_\_\_\_\_ ( ) Fire: staff initials \_\_\_\_\_ Date \_\_\_\_\_  
 ( ) Traffic: staff initials \_\_\_\_\_ Date \_\_\_\_\_ \*REVISION FEES DUE \_\_\_\_\_