

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 #: PRC1120221876 PROJECT NAME: Tea Story T.I.

SITE ADDRESS: 3500 S. Meridian, #

CONTACT PERSON: _____ PHONE #: 253.332.9547

CONTACT EMAIL: JSEConstruction3022@gmail.com

DESCRIPTION OF REVISIONS: Add (2) sinks - kitchen

NOTE BELOW ANY REVISIONS THAT APPLY TO THE PROJECT:

Indicate if you are increasing or decreasing square footage:

Building Area (sq. ft.) +/-					
1 st floor	_____ new	_____ remodel	2 nd floor	_____ new	_____ remodel
Garage	_____ new	_____ remodel	Deck	_____ new	_____ remodel
Basement	_____ new	_____ remodel	Other	_____ new	_____ remodel

Revised Project Valuation: \$ _____

Plumbing Changes

Example: +1 sink or -2 water closets

2 sink/lavatories _____ garbage disposal
 _____ water closet _____ floor drains
 _____ tub/shower _____ misc _____
 _____ dishwasher
 _____ water heater
 _____ lawn sprinkler/backflow

Mechanical Changes

Example: 1+exhaust fan or -1 heat pump

_____ furnace +/-100k _____ air-conditioner
 _____ gas piping _____ duct work
 _____ hood _____ fireplace
 _____ diffusers _____ exhaust fans
 _____ dryer vent _____ boiler
 _____ heat pump _____ misc _____

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.

[Signature] 253.332.9547 DATE: 4/19/23
 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 _____