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-20-0180 PROJECT NAME: Home wood Suites - S. H. Mall St SW Ruyallup, WA 98373 SITE ADDRESS: CONTACT PERSON: Rogel Olson PHONE #: 701-850-9953 CONTACT EMAIL: Rolson e thoraldsongo, com DESCRIPTION OF REVISIONS: Hotel Franchise updates, Quality Control plans, valve engineer NOTE BELOW ANY REVISIONS THAT APPLY TO THE PROJECT: Indicate if you are increasing or decreasing square footage: Building Area (sq. ft.) +/-1st floor ______new remodel 2nd floor______remodel Garage _____new____remodel Deck ______new____remodel Basement new remodel Other _____ new Revised Project Valuation: \$ N/C Plumbing Changes **Mechanical Changes** Example: +1 sink or -2 water closets Example: 1+exhaust fan or -1 heat pump _sink/lavatories _____garbage disposal _furnace+/-100k ____air-conditioner _____floor drains gas piping duct work tub/shower misc - 1 fireplace hood dishwasher diffusers exhaust fans water heater boiler dryer vent 1 + misc outdoor lawn sprinkler/backflow heat pump fire pit If this is a change of contractor, please provide the following: Contractor 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. 701-850-9953 DATE: 5 / 23 / 2023 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_____

Rev 02/10