

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 #: PRA2030883-F11 PROJECT NAME: Prologis Puyallup Suite 103

SITE ADDRESS: 1601 Industrial Park #103

CONTACT PERSON: Angel Grohall PHONE #: 206-707-3103

CONTACT EMAIL: angelg@olsenelectric.net

DESCRIPTION OF REVISIONS: Smokes in Room 106, 107, 109, 110

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

_____ 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.

Angel Grohall 206-707-3103 DATE: 7/11/23
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 _____