

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 #: PRCTI20221460 PROJECT NAME: Salud (Cheers) Bar + Grill

SITE ADDRESS: 3811 9th St SW, Puyallup, WA

CONTACT PERSON: Justin Losey PHONE #: (253) 201-7931

CONTACT EMAIL: justin@wddmnn.com

DESCRIPTION OF REVISIONS: Changes to plan over course of construction;
HVAC system relocation

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

<input type="checkbox"/> sink/lavatories	<input type="checkbox"/> garbage disposal
<input type="checkbox"/> water closet	<input type="checkbox"/> floor drains
<input type="checkbox"/> tub/shower	<input type="checkbox"/> misc _____
<input type="checkbox"/> dishwasher	
<input type="checkbox"/> water heater	
<input type="checkbox"/> lawn sprinkler/backflow	

Mechanical Changes

Example: 1+exhaust fan or -1 heat pump

<input type="checkbox"/> furnace +/-100k	<input type="checkbox"/> air-conditioner
<input type="checkbox"/> gas piping	<input type="checkbox"/> duct work
<input type="checkbox"/> hood	<input type="checkbox"/> fireplace
<input type="checkbox"/> diffusers	<input type="checkbox"/> exhaust fans
<input type="checkbox"/> dryer vent	<input type="checkbox"/> boiler
<input type="checkbox"/> heat pump	<input type="checkbox"/> 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.

Justin Losey (253) 201-7931 DATE: 7/20/23
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 _____