

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 #: PRCTI 20221460 PROJECT NAME: Salud (Cheers) Bar & Grill

SITE ADDRESS: 3811 9th St SW

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

CONTACT EMAIL: justin@weddermann.com

DESCRIPTION OF REVISIONS: Revisions for changes to location of mechanical equipment

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	<u>1+</u> _____ 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.

Justin Losey (253) 201-7931 DATE: 8/15/23
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 _____