

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 #: PRS42023 0449 PROJECT NAME: Salud! Bar and Grill

SITE ADDRESS: 3811 9th St, Puyallup, WA 98373

CONTACT PERSON: Brayden Seims PHONE #: 253-358-2008

CONTACT EMAIL: brayden@tacomasigncompany.com

DESCRIPTION OF REVISIONS: Revised Engineering and awning attachment detail

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 _____ new _____ remodel

Garage			Deck		
	new	remodel		new	remodel
1	1	1	1	1	1
2	1	1	1	1	1
3	1	1	1	1	1
4	1	1	1	1	1
5	1	1	1	1	1
6	1	1	1	1	1
7	1	1	1	1	1
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77	1	1	1	1	1
78	1	1	1	1	1
79	1	1	1	1	1
80	1	1	1	1	1
81	1				

Basement			Other		
	new	remodel		new	remodel
1	2	3	4	5	6
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30
31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48
49	50	51	52	53	54
55	56	57	58	59	60
61	62	63	64	65	66
67	68	69	70	71	72
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79	80	81	82	83	84
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379	380	381	382	383	384
385	386	387	388	389	390
391	392	393	394	395	396
397	398	399	400	401	402
403	404	405			

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
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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 OWNER / AUTHORIZED AGENT

PHONE #

DATE: 8 / 30 / 23

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