

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 #: PRRWF20234097

PROJECT NAME: SHB-TC Parking Expansion

SITE ADDRESS: 1015 39th Ave SE

CONTACT PERSON: Darren Sandeno

PHONE #: 360.259.2502

CONTACT EMAIL: dsandeno@parametrix.com

DESCRIPTION OF REVISIONS: Wall revisions to provide structural components

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.

David Trange
SIGNATURE OWNER / AUTHORIZED AGENT

206-619-5341
PHONE #

DATE: 8/22/2023

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 _____