



City of Puyallup

Application for Demolition Permit

Submit all documents electronically to:
permitcenter@puyallupwa.gov

Building Division
 333 S. Meridian
 Puyallup, WA 98371
 Tel: (253) 864-4165 Fax: (253) 840-6678

Parcel #: 1018000260	Site Address: 240 15th St SE	
Owner: CREF3 Puyallup	Phone #: (646) 951-7219	Owner Email: bthomson@fortress
Owner Address: 11611 San Vicente Blvd	City: Los Angeles	Zip: 90049
Contractor Name: Dickson Company	Phone #: 2534724489	
Contractor Address: 3315 S Pine St	City: Tacoma	Zip: 98409
WA License #: DICKSC*858RZ	Exp. Date: 12/09/2023	City Business License #: 278045472
Contact Name: Demian Hinkle	Contact Email: demian@dickson.net	
Contact Phone #: (253) 212-7511	Contact Fax #: (253) 427-4521	

Description of Demolition Project: Demolish Building B down to existing slab

Intended future use of site: _____

Any demolition project over 4000 sq ft is required to go through the SEPA process. SEPA Permit #: PLPSP20220155

Demolition Permit Information

TYPE OF CONSTRUCTION	Warehouse	***COMMERCIAL <input checked="" type="checkbox"/>	RESIDENTIAL <input type="checkbox"/>
ZONING	Commercial	FIRST FLOOR SQ. FT.	9,000 SF
# DWELLING UNITS	0	SECOND FLOOR SQ. FT.	0
SEWER YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	SEPTIC YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	DWELLING UNIT VACANT -	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
CITY WATER YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	WATER PURVEYOR:	VALUATION (including dump fees)	\$ 58,000

Disposal of solid and recycled wastes shall be performed in compliance with all applicable regulations.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT.

BY LEAVING THE CONTRACTOR INFORMATION SECTION BLANK, I HEREBY CERTIFY FURTHER THAT CONTRACTORS (GENERAL OR SUBCONTRACTORS) WILL NOT BE HIRED TO PERFORM ANY WORK IN ASSOCIATION WITH THIS PERMIT. I ALSO CERTIFY THAT IF I DO CHOOSE TO HIRE A CONTRACTOR (GENERAL OR SUBCONTRACTOR) I WILL ONLY HIRE THOSE CONTRACTORS THAT ARE LICENSED BY THE STATE OF WASHINGTON.

 SIGNATURE OWNER / AUTHORIZED AGENT

DATE: 10/12/23

Andrew Osborne

PLEASE PRINT NAME

*****COMMERCIAL PROJECTS: Please complete a Plumbing Fixture Worksheet for possible System Development Credit. *****