

**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 #: PRCTI2023447 PROJECT NAME: Red Dot TI - Manufacturing

SITE ADDRESS: 2504 E. Main Ave

CONTACT PERSON: Todd Thurnau PHONE #: 206-394-3527

CONTACT EMAIL: toddthurnau@reddotcorp.com

**DESCRIPTION OF REVISIONS:** Addition of (1) lab sink, (1) hand sink and (2) Floor sinks in the testlab

**NOTE BELOW ANY REVISIONS THAT APPLY TO THE PROJECT:**

**Indicate if you are increasing or decreasing square footage:**

Building Area (sq. ft.) +/-

1 <sup>st</sup> floor _____ new _____ remodel	2 <sup>nd</sup> floor _____ new _____ remodel
Garage _____ new _____ remodel	Deck _____ new _____ remodel
Basement _____ new _____ remodel	Other _____ new _____ remodel

**Revised Project Valuation:** \$ \_\_\_\_\_

<p><b>Plumbing Changes</b></p> <p><b>Example: +1 sink or -2 water closets</b></p> <p><u>2</u> sink/lavatories _____ garbage disposal _____</p> <p>_____ water closet <u>2</u> floor drains _____</p> <p>_____ tub/shower _____ misc _____</p> <p>_____ dishwasher _____</p> <p>_____ water heater _____</p> <p>_____ lawn sprinkler/backflow _____</p>	<p><b>Mechanical Changes</b></p> <p><b>Example: 1+exhaust fan or -1 heat pump</b></p> <p>_____ furnace +/-100k _____ air-conditioner _____</p> <p>_____ gas piping _____ duct work _____</p> <p>_____ hood _____ fireplace _____</p> <p>_____ diffusers _____ exhaust fans _____</p> <p>_____ dryer vent _____ boiler _____</p> <p>_____ heat pump _____ misc _____</p>
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**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.

Todd Thurnau 206-394-3527 DATE: 10 / 05 / 2023  
 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 \_\_\_\_\_