

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 #: PRMH-20221156 PROJECT NAME: RED DOT T.I.

SITE ADDRESS: 2504 EAST MAIN

CONTACT PERSON: AIDAN WILSON PHONE #: 425-577-4898

CONTACT EMAIL: DESIGN@UNIVERSALREFRIG.COM

DESCRIPTION OF REVISIONS: ADD (1) EXHAUST FAN ALONG WITH (2) INTAKE HOODS.

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: \$ _____

<p>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</p>	<p>Mechanical Changes Example: 1+exhaust fan or -1 heat pump _____ furnace +/-100k _____ air-conditioner _____ gas piping _____ duct work _____ hood _____ fireplace _____ diffusers _____ 1 exhaust fans _____ dryer vent _____ boiler _____ heat pump _____ 2 misc <u>INTAKE HOODS</u></p>
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If this is a change of contractor, please provide the following:

Contractor N/A 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.

 SIGNATURE OWNER / AUTHORIZED AGENT 425-577-4898 PHONE # DATE: ____/____/____

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 _____