

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 #: PRMH20231131 **PROJECT NAME:** PROLOGIS PUYALLUP

SITE ADDRESS: 402 VALLEY AVE NW

CONTACT PERSON: TRICIA DRAKE **PHONE #:** (206) 249-6154

CONTACT EMAIL: tricia@hvacdoublecheck.com

DESCRIPTION OF REVISIONS: Update plans to match installation, requested by inspector.

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 _____ OF PUYALLUP MUNICIPAL CODE.

Ricia Drake

(206) 249-6154

DATE: 11 / 08 / 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

*REVISION FEES DUE