

# 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 #:** PRCTI20231407      **PROJECT NAME:** Verizon Wireless TAC Ferris Wheel

**SITE ADDRESS:** 110 9th Ave SW, Puyallup, WA 98371

**CONTACT PERSON:** Smith Hinty, Lynx Consulting      **PHONE #:** 540-784-8927

**CONTACT EMAIL:** Shinty@lynxconsulting.org

**DESCRIPTION OF REVISIONS:** Adding Eligible Facilities Request, NIER Report, and Corrections to Mount and Structural Analysis

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

Smith Hinty      540-784-8927      **DATE:** 11 / 8 / 23  
**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 \_\_\_\_\_