

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 #: PRMU 20221555 PROJECT NAME: **CopperBerry North Building** ___ SITE ADDRESS: __4002 10th Street SE Puyallup WA. _____

CONTACT PERSON: __Bill Riley_____ PHONE #: __253-686-0654_____

CONTACT EMAIL: __bill@thebrcf.com_____

DESCRIPTION OF REVISIONS: Footing and foundation not needed for west staircase load as per structural engineer. Replace with Piers as per drawing. Calcs are provided.

Indicate if you are increasing or decreasing square footage: None

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: \$ No change

<p>Plumbing Changes None</p> <p>Example: +1 sink or -2 water closets</p> <p>_____ sink/lavatories _____ garbage disposal</p> <p>_____ water closet _____ floor drains</p> <p>_____ tub/shower _____ misc _____</p> <p>_____ dishwasher</p> <p>_____ water heater</p> <p>_____ lawn sprinkler/backflow</p>	<p>Mechanical Changes None</p> <p>Example: 1+exhaust fan or -1 heat pump</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>
---	--

If this is a change of contractor, please provide the following:

Contractor Authorized by Structural engineer 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.

Bill Riley for Copperberry C LLC

253-686-0654

DATE: 12 / 14 / 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 _____