

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 20221586 **PROJECT NAME:** CopperBerry South Building

SITE ADDRESS: 4002 10th Street SE Puyallup, WA. 98373

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.

NOTE BELOW ANY REVISIONS THAT APPLY TO THE PROJECT:

Indicate if you are increasing or decreasing square footage:

Building Area (sq. ft.) +/-

1st floor _____new_____remodel 2nd 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 None

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 Approved by Structural Engineer Phone

Address	City	State	Zip
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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 _____