

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 #: _____ PROJECT NAME: _____

SITE ADDRESS: 1102 East main

CONTACT PERSON: John Hopkins PHONE #: 253-973-7069

CONTACT EMAIL: JLH396@comcast.net

DESCRIPTION OF REVISIONS: addition of mini split Heatpump System.

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
1 heat pump _____ misc _____

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

Contractor Sunrise Energy Systems Phone 253-445-0622
 Address 811 West Stewart Ave City Puyallup State WA Zip 98371
 License # SUNRIE50916K3 Expiration Date 01/04/2024

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 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 _____