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 #: PRRRSF20231337 PROJECT NAME: PAUL REMODEL SITE ADDRESS: 1724 13TH AVE CT NW PUYALLUP. WA 98371 206 548 6798 CONTACT PERSON: GEORGE NGANGA PHONE #:___ CONTACT EMAIL: csldesigns21@gmail.com DESCRIPTION OF REVISIONS:_REVISION AS BASED ON SCOPE OF WORK PAGE 5 OF THE PLAN NOTE BELOW ANY REVISIONS THAT APPLY TO THE PROJECT: Indicate if you are increasing or decreasing square footage: Building Area (sq. ft.) +/- 2^{nd} floor_0 ____ new_0 ___remodel 1st floor 0 ____new_0 ___remodel Garage 0 new 0 remodel Deck 0 new 0 remodel Other 0 new 0 Basement ⁰ new ⁰ remodel remodel Revised Project Valuation: \$_____ Plumbing Changes Mechanical Changes Example: +1 sink or -2 water closets Example: 1+exhaust fan or -1 heat pump _furnace+/-100k -___air-conditioner ____sink/lavatories ____garbage disposal -___duct work water closet - floor drains _gas piping -___tub/shower - mischood ____fireplace - dishwasher - _exhaust fans diffusers _water heater -___dryer vent - boiler lawn sprinkler/backflow heat pump - misc If this is a change of contractor, please provide the following: Contractor_____ 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. georgenganga ______ 206 548 6798 _____ DATE: 02 /26 /2024 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_____

Rev 02/10