

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 #: PRCNC20240061 **PROJECT NAME:** WPCP Third Secondary Clarifier

SITE ADDRESS: 1602 18th St NW, Puyallup, WA 98371

CONTACT PERSON: Jessica Wilson **PHONE #:** (253) 435-3645

CONTACT EMAIL: jjwilson@puyallupwa.gov

DESCRIPTION OF REVISIONS: Resubmit signed stormwater plan and approved plan set

NOTE BELOW ANY REVISIONS THAT APPLY TO THE PROJECT:

Indicate if you are increasing or decreasing square footage: NA

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: \$ _____

<p>Plumbing Changes NA</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 NA</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>
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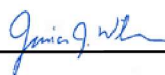
If this is a change of contractor, please provide the following: NA

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.


 _____ (253) 435-3645 **DATE:** 02 / 29 / 2024
 / 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 _____