

## 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 #: PRSG20240044 PROJECT NAME: GREAT CLIPS

SITE ADDRESS: 1002 N MERIDIAN AVE SUITE 103 PUYALLUP WA 98371

CONTACT PERSON: BRIAN BROSNAN PHONE #: 253 495 7091

CONTACT EMAIL: bbrosnan@heathnorthwest.com

DESCRIPTION OF REVISIONS: INCLUDED SCALE WHICH PROPOSED SIGN IS MEASURED BY.

**NOTE BELOW ANY REVISIONS THAT APPLY TO THE PROJECT:**

**Indicate if you are increasing or decreasing square footage:**

Building Area (sq. ft.) +/-

1 <sup>st</sup> floor	_____ new _____ remodel	2 <sup>nd</sup> floor	_____ new _____ remodel
Garage	_____ new _____ remodel	Deck	_____ new _____ remodel
Basement	_____ new _____ remodel	Other	_____ new _____ remodel

Revised Project Valuation: \$ N/A

**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  
 \_\_\_\_\_ heat pump \_\_\_\_\_ misc \_\_\_\_\_

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

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.

[Signature] 253 495 7091 DATE: 04/10/24  
 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 \_\_\_\_\_