

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 #: PRFA20240822 PROJECT NAME: Centeris Data Centers

SITE ADDRESS: 1023 39TH AVE SE, PUYALLUP, WA 98374

CONTACT PERSON: James Pan / Red Hawk Protection PHONE #: 253-330-0736

CONTACT EMAIL: jamesp@redhawkfp.com

DESCRIPTION OF REVISIONS: Replace existing beam detectors with spot type smoke detectors due to line of sight blocked by new AHU units.
Replace wall mount horn/strobes with ceiling mount due to visibility blocked by new AHU units.
Adding new monitor modules for AHU's built-in smoke detectors.

NOTE BELOW ANY REVISIONS THAT APPLY TO THE PROJECT:

N/A **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: \$ _____

N/A

<p>Plumbing Changes Example: +1 sink or -2 water closets</p> <p>_____ sink/lavatories _____ garbage disposal _____ water closet _____ floor drains _____ tub/shower _____ misc _____ _____ dishwasher _____ water heater _____ lawn sprinkler/backflow</p>	<p>Mechanical Changes Example: 1+exhaust fan or -1 heat pump</p> <p>_____ furnace +/-100k _____ air-conditioner _____ gas piping _____ duct work _____ hood _____ fireplace _____ diffusers _____ exhaust fans _____ dryer vent _____ boiler _____ heat pump _____ misc _____</p>
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N/A **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 OWNER / AUTHORIZED AGENT 253-330-0736 PHONE # DATE: 06 / 27 / 2024

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 _____