Applicatio	n for Plumbing Permit Building Division 333 S. Meridian Puyallup, WA 98371 Tel: (253) 864-4165 Fax: (253) 840-6678 permitcenter@puyallupwa.gov			
Parcel #: 0419095021	Site Address: 4102 S. MERIDIAN, SUITE D			
Owner: WRI-URS SOUTH HILL LLC	Owner Phone #: (425) 505-374			
Owner Address: 500 N BROADWAY, STE	201 City: JERICHO Zip: 11753			
Contractor Name: POWELL RYKA	Contractor Phone #: (425) 828-4774			
Contractor Address: 2625 NORTHUP WAY	City: BELLEVUE Zip: 98004			
WA State License #: CCPOWELCC027L3	Exp. Date: City Business License #: 2011136			
Contact Person: RYAN BREHM	Contact Email: RBREHM@POWELLRYKA.COM			
Contact Phone #: (425) 828-4774	Fax #:			

City of Puyallup

MINIMUM SUBMITTAL REQUIREMENTS FOR COMMERCIAL PROJECTS: ONE SIGNED APPLICATION TWO SETS OF PLUMBING DETAIL DRAWINGS (FIXTURE LAYOUT AND ISOMETRIC) WITH FIXTURE UNITS AND SIZES AS REQUIRED PLAN REVIEW FEE REQUIRED AT TIME OF SUBMITTAL EQUIPMENT SCHEDULE REQUIRED ON ALL PLANS PLUMBING FIXTURE WORKSHEET

A water availability/approval letter shall be submitted with this application for any property located outside the city's water service area. To confirm your water service area, please contact Engineering Services at (253) 841-5577. Fruitland Mutual Water (253) 848-5519 - Valley Water (253) 841-9698 - Tacoma Water (253) 502-8600

NEW ENTRY FACADE FOR EXISTING RETAIL SPACE, WITH NEW FULL-HEIGHT DEMISING WALL, NEW WATER SUPPLY LINE AND ELECTRICAL RUNS (ALL CAPPED AT LOCATIONS PER FUTURE TENANT). NEW SEWER LINE FROM REAR OF SPACE TO CONNECT AT EXISTING SEWER CONNECTION ALONG FRONT OF SPACE.

Quantity Scheduled	Description	Rate Per Unit	Total	Quantity Scheduled	Description	Rate Per Unit	Total	
1	Permit Issuance	40.00	40.00	GREASE TRAP/INTERCEPTOR				
RESIDENTIAL (1 & 2 DWELLINGS)				Grease Trap	13.00			
	1 Bathroom	160.00			Grease Interceptor	13.00		
	2 Bathroom	200.00		BACK FLOW DEVICE				
	3 Bathroom	240.00			Per Unit	26.00		
	Alterations each fixture	13.00		MEDICAL GAS SYSTEM				
	Water Heater	13.00			Medical Gas Piping System	80.00		
	COMMERCIAL				Surgical Vacuum System	80.00		
	New Const. each fixture	13.00			Gas Piping: (1 - 4 outlets) (5 or more outlets/per outlet)	8.50 2.00		
	Alterations each fixture	13.00			Dental Chair or Unit	40.25		
	Drinking Fountain, Water Cooler, Ice Machine	40.25		OTHER (NOT LISTED)				
	Sump, Sewage Ejector Pump	13.00						
	Garbage Disposal	13.00						
	Water Heater	13.00						
	SUB-TOTAL:			SUB-TOTAL:				
				·	TOTAL:			

CONTRACTORS AFFIDAVIT: I HEREBY MAKE APPLICATION FOR A PLUMBING PERMIT AND CERIFY THAT OUR BUSINESS IS REGISTERED AS A CONTRACTOR WITH THE STATE OF WASHINGTON AND THAT ALL WORK SHALL BE PERFORMED IN ACCORDANCE WITH ALL CODES AND ORDINANCES OF THE CITY OF PUYALLUP.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT.

BY LEAVING THE CONTRACTOR INFORMATION SECTION BLANK, I HEREBY CERTIFY FURTHER THAT CONTRACTORS (GENERAL OR SUBCONTRACTORS) WILL NOT BE HIRED TO PERFORM ANY WORK IN ASSOCIATION WITH THIS PERMIT. I ALSO CERTIFY THAT IF I DO CHOOSE TO HIRE A CONTRACTOR (GENERAL OR SUBCONTRACTOR) I WILL ONLY HIRE THOSE CONTRACTORS THAT ARE LICENSED BY THE STATE OF WASHINGTON.

PRINT NAME



DAVID HUANG (JACKSON MAIN ARCHITECTURE)

DATE: <u>07 / 05 / 24</u>

SIGNATURE OWNER / AUTHORIZED AGENT