

Permit No: PRCTI20241089

COMMERCIAL - TENANT IMPROVEMENT/REMODEL

Puyallup, WA

Job Address	Address: 401 151H AVE SE, PUYALLUP, WA 98372 Parcel # 9810000014	ISSUED August 30, 2024			
Owner MULTICARE HEALTH SYSTEM 14400 METCALF AVE OVERLAND PARK, KS 98415					
Applicant					
Scot Jahn 621 SW Alder St., Suite 700 Portland, OR 97205 (503) 206-3822 scotjahn@ckarch.com					
Contractor HOWARD S WRIGHT CONSTRUCTORS 501 EASTLAKE AVE E, SEATTLE, WA 98109 WA L&I #:					
Description of Work					
Installation of ceiling mounted patient lift in four rooms of an in-patient rehabilitation. Repair of finishes as required GOOD SAMARITAN REHAB RETROFIT					
Permit Types	Commercial - Tenant Improvement/Remodel				
Expiration Date: February 26, 2025					
Total ESU's					

Building Components:

Quantity	Units	Description		
1000	SQ FT	Institutional		
			Total Value of Work:	\$0.00

Standard Conditions:

1. * Final approval by the Building Official is required prior to use or occupancy.* Work shall not proceed until the inspector has approved the stages of construction.* Surface storm water shall be diverted from the building site and shall not drain onto adjacent properties.* I hereby acknowledge that I have read this Permit/Application, that the information given is correct; that I am the owner or the duly authorized agent of the owner; that plans submitted herewith are in compliance with all applicable city, county and state laws and that all construction will proceed in accordance with said laws. This permit shall expire if work is not commenced with 180 days or if the work is suspended for a period of 180 days. Permits expire two years from issuance. * 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. If you are a property owner, contractor or permittee and you are paying for someone to perform the work, they must have a valid contractor registration and the person(s) installing plumbing inside a structure must meet the plumbing certification requirements. If you have any questions regarding these regulations, you may contact the Washington State Department of Labor and Industries or you can find more information on-line at: http://www.lni.wa.gov/TradesLicensing/Contractors/HireCon/default.asp

2. Fire sprinkler heads blocked by the lift will be required to be relocated for code compliance.

Permit is valid 180 days from date of issuance. Permit validity is subject to all adhering to all applicable codes, ordinances and standards, and conditions of this permit.

I certify that I am the owner of this property or the owner's authorized agent, including an appropriately licensed contractor. I have read and examined this application and furnished true and correct information. I will comply with all provisions of law and ordinances governing this type of construction work, whether specific herein or not. By submitting this application, I give the jurisdiction permission to enter the property to perform inspections. The granting of this permit does not presume or give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. I understand that failure to comply with the above may result in revocation of the permit.

Applicant: Scot Jahn