

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 #: B-20-0180 PROJECT NAME: Homewood Suites

SITE ADDRESS: 3601 9th St SW

CONTACT PERSON: Steve Stackpole PHONE #: 253-381-3543

CONTACT EMAIL: sstackpole@tharaldsonco.com

DESCRIPTION OF REVISIONS: Additional room - Moving break room

NOTE BELOW ANY REVISIONS THAT APPLY TO THE PROJECT:

Indicate if you are increasing or decreasing square footage: None

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</p> <p>Example: +1 sink or -2 water closets</p> <p><u>1</u> sink/lavatories _____ garbage disposal _____</p> <p><u>1</u> water closet _____ floor drains _____</p> <p><u>1</u> tub/shower _____ misc _____</p> <p><u>1</u> dishwasher _____</p> <p>_____ water heater _____</p> <p>_____ lawn sprinkler/backflow _____</p>	<p>Mechanical Changes</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 <u>1</u> 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:

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.

Steve Stackpole 253-381-3543 DATE: 9 / 5 / 2024

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 _____