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 #: PRRRSF20241395 PROJECT NAME: PAUL STORAGE BUILD SITE ADDRESS: 1724 13TH AVE CT NW PUYALLUP. WA 98371 CONTACT PERSON: GEORGE NGANGA PHONE #: 206 548 6798 CONTACT EMAIL: csldesigns21@gmail.com DESCRIPTION OF REVISIONS: REVISION AS PER THE CITY COMMENTS NOTE BELOW ANY REVISIONS THAT APPLY TO THE PROJECT: Indicate if you are increasing or decreasing square footage: Building Area (sq. ft.) +/-2nd floor ⁰ _____ new ⁰ 1st floor 0 new 0 remodel remodel Garage 0 new 0 remodel Deck 0 new 0 remodel Other 0 new 0 Basement 0 new ⁰ remodel remodel Revised Project Valuation: \$0_ **Plumbing Changes Mechanical Changes** Example: +1 sink or -2 water closets Example: 1+exhaust fan or -1 heat pump sink/lavatories 0 garbage disposal furnace+/-100k ⁰ air-conditioner 0 floor drains water closet duct work _gas piping 0 misc ⁰ tub/shower hood fireplace 0 0 dishwasher diffusers _exhaust fans 0 0 0 boiler water heater _dryer vent 0 lawn sprinkler/backflow heat pump misc If this is a change of contractor, please provide the following: Contractor N/A Citv 7ip Address State 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. georgenganga _______<u>206 548 6798</u> ______ date: <u>10 /09 /202</u>4 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_____

Rev 02/10