



CITY OF PUYALLUP
Development & Permitting Services
333 S. Meridian, Puyallup, WA 98371
(253) 864-4165
www.cityofpuyallup.org

Permit No:
PRMH20250190

MECHANICAL - COMMERCIAL ONLY

Puyallup, WA

Job Address	Address: 401 15TH AVE SE, PUYALLUP, WA 98372 Parcel # 9810000014	ISSUED February 07, 2025
Owner MULTICARE HEALTH SYSTEM 14400 METCALF AVE OVERLAND PARK, KS 98415		
Applicant MACDONALD MILLER PO Box 47983 SEATTLE, WA 98146 permits@macmiller.com		
Contractor MACDONALD/MILLER FAC SOL INC PO BOX 47983 SEATTLE, WA 98106 WA L&I #:		
Description of Work DEMOLISH AND REMOVE EXISTING AIR HANDLER AND CONDENSING UNIT AND ALL ASSOCIATED DUCTWORK, GRD'S AND ACCESSORIES. DEMOLISH AND REMOVE EXISTING AIR HANDLER CHILLED WATER PIPING BACK TO MAIN AND CAP. FILL EXISTING ROOF OPENINGS AND REPAIR ROOFING TO MATCH EXISTING. INSTALL (2) 2.5-TON DUCTLESS SPLIT SYSTEMS TO SERVE LARGE DATA ROOM. (1) UNIT IS REDUNDANT. INSTALL (1) 1.5-TON DUCTLESS SPLIT SYSTEM TO SERVE SMALL DATA ROOM, PER PLAN. -- GSH FLOOR: 5		
Permit Types	Mechanical - COMMERCIAL ONLY	
Expiration Date: August 06, 2025		
Total ESU's		

Building Components:

Quantity	Units	Description
3	QTY	Mechanical Repair, Alteration, or Addition

Total Value of Work:	\$0.00
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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>

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:
MACDONALD MILLER