

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 #: PRCTI20250117 **PROJECT NAME:** COP Public Safety Building - Seismic Upgrade

SITE ADDRESS: 1015 39th Ave SE, Puyallup, WA 98374

CONTACT PERSON: Skylar Horner **PHONE #:** 206-773-3360

CONTACT EMAIL: shorner@jtmconstruction.com

DESCRIPTION OF REVISIONS: BRB (Buckling Restrained Braces and Connections) - Submittal Package

NOTE BELOW ANY REVISIONS THAT APPLY TO THE PROJECT:

Indicate if you are increasing or decreasing square footage:

Building Area (sq. ft.) +/-

1 st floor	<u>N/A</u>	<u>new</u>	<u>remodel</u>	2 nd floor	<u>N/A</u>	<u>new</u>	<u>remodel</u>
Garage	<u>N/A</u>	<u>new</u>	<u>remodel</u>	Deck	<u>N/A</u>	<u>new</u>	<u>remodel</u>
Basement	<u>N/A</u>	<u>new</u>	<u>remodel</u>	Other	<u>N/A</u>	<u>new</u>	<u>remodel</u>

Revised Project Valuation: \$ N/A

Plumbing Changes

Example: +1 sink or -2 water closets

<u>No</u> sink/lavatories	<u>No</u> garbage disposal
<u>No</u> water closet	<u>No</u> floor drains
<u>No</u> tub/shower	<u>No</u> misc _____
<u>No</u> dishwasher	
<u>No</u> water heater	
<u>No</u> lawn sprinkler/backflow	

Mechanical Changes

Example: 1+exhaust fan or -1 heat pump

<u>No</u> furnace+/-100k	<u>No</u> air-conditioner
<u>No</u> gas piping	<u>No</u> duct work
<u>No</u> hood	<u>No</u> fireplace
<u>No</u> diffusers	<u>No</u> exhaust fans
<u>No</u> dryer vent	<u>No</u> boiler
<u>No</u> heat pump	<u>No</u> misc _____

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.

 Skylar Horner 206-773-3360 **DATE:** 06 / 09 / 25
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 _____