

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 #: PRCTI20250324 **PROJECT NAME:** COP Public Safety Building - Puyallup Police TI

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: Generator Deferred Submittal

NOTE BELOW ANY REVISIONS THAT APPLY TO THE PROJECT:

Indicate if you are increasing or decreasing square footage:

Building Area (sq. ft.) +/-

1st floor N/A new remodel 2nd floor N/A new remodel

Garage N/A new remodel Deck N/A new remodel

Basement N/A new remodel Other N/A new remodel

Revised Project Valuation: \$_____

Plumbing Changes

Example: +1 sink or -2 water closets

No sink/lavatories No garbage disposal

No water closet No floor drains

No tub/shower No misc

No dishwasher

No water heater

No lawn sprinkler/backflow

Mechanical Changes

Example: 1+exhaust fan or -1 heat pump

No furnace+/-100k No air-conditioner

No gas piping No duct work

No hood No fireplace

No diffusers No exhaust fans

No dryer vent No boiler

No heat pump No misc

If this is a change of contractor, please provide the following:

Contractor	Phone
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Address _____ City _____ State _____ Zip _____

License #	Expiration Date
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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: 07 / 16 / 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 _____