

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 #: **PRCNC20240424** PROJECT NAME: **WESLEY BRADLEY PARK PH2 - CARE CENTER**

SITE ADDRESS: **707 39TH AVENUE SE, BUILDING B, PUYALLUP, WA 98374**

CONTACT PERSON: **Jill Krance** PHONE #: **952-412-5546**
CONTACT EMAIL: **jill.krance@insitearchitect.com**

DESCRIPTION OF REVISIONS: **ENERGY CODE CALCULATIONS & ASSOCIATIVE DRAWING REVISIONS**

NOTE BELOW ANY REVISIONS THAT APPLY TO THE PROJECT:

Indicate if you are increasing or decreasing square footage: **n/a**

Building Area (sq. ft.) +/-

1st floor _____ new _____ remodel 2nd floor _____ new _____ remodel

Garage _____ new _____ remodel Deck _____ new _____ remodel

Basement _____ new _____ remodel Other _____ new _____ remodel

Revised Project Valuation: \$ _____

Plumbing Changes **n/a**

Example: **+1 sink or -2 water closets**

_____ sink/lavatories _____ garbage disposal
_____ water closet _____ floor drains
_____ tub/shower _____ misc
_____ dishwasher
_____ water heater
_____ lawn sprinkler/backflow

Mechanical Changes **n/a**

Example: **1+exhaust fan or -1 heat pump**

_____ furnace +/-100k _____ air-conditioner
_____ gas piping _____ duct work
_____ hood _____ fireplace
_____ diffusers _____ exhaust fans
_____ dryer vent _____ boiler
_____ heat pump _____ 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.



(206) 870-1100

DATE: **11/20/26**

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 _____