

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.) +/-

1 st floor	new	remodel	2 nd 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.



SIGNATURE OWNER / AUTHORIZED AGENT

(206) 870-1100

PHONE #

DATE: 1/1/2026

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 _____