

## City of Puyallup Application for Demolition Permit

Submit all documents electronically to: permitcenter@puyallupwa.gov Building Division 333 S. Meridian Puyallup, WA 98371

Tel: (253) 864-4165 Fax: (253) 840-6678

Parcel #: 0420201042	Site /	Address: 1904 22ND AVE NW	
Owner: CRP/VDC Freeman L	ogistics Owner, LLC Phon	ne #: (425) 968-5115 Owner Ema	il: TLitz@VectorREcor
Owner Address: 11411 NE 124th St #190		City: Kirkland	Zip: 98034
Contractor Name: Rivers E	dge Environmental S	Service, Inc. Phone #: 425	5-584-7089
Contractor Address: 17115 SE 270th Place S		e 106 City: Covington	Zip: 98042
WA License #: RIVEREE8	55DT Exp.	Date: 03/30/202 City Business 603	483 511
Contact Name: Clayton M	Iullendore Cont	act Email: cmullendore@rivers.ci	ty
Contact Phone #: (425)	584-7089 Cont	act Fax #:	
intended future use of si	te: Commercial ware	xisting residential house and detached ga house go through the SEPA process. SEPA Po	
Any demontion project over A			ermit #;
	Demolition I	Permit Information	
TYPE OF CONSTRUCTION		***COMMERCIAL	RESIDENTIAL 🗸
ZONING	ML	FIRST FLOOR SQ. FT.	880 + 432
# DWELLING UNITS	1	SECOND FLOOR SQ. FT.	
SEWER YES NO	SEPTIC YES NO	DWELLING UNIT VACANT –	YES V NO
CITY WATER YES NO	WATER PURVEYOR:	VALUATION (including dump fees)	\$ 7,000
I HEREBY CERTIFY THAT I HAT ALL PROVISIONS OF LAWS AN SPECIFIED HEREIN OR NOT.  BY LEAVING THE CONTRACTO OR SUBCONTRACTORS) WILL THAT IF I DO CHOOSE TO HIR THAT ARE LICENSED BY THE SECONDARY CONTRACTORS.	VE READ AND EXAMINED THE STATE OF THE STATE	DE PERFORMED IN COMPILANCE WITH AND KNOW THE SAME OF THIS TYPE OF WORK WILL BE COMPLIED BLANK, I HEREBY CERTIFY FURTHER THAM ANY WORK IN ASSOCIATION WITH THIS LEOR SUBCONTRACTOR) I WILL ONLY HIS LEOR SUBCONTRACTOR.	TO BE TRUE AND CORRECT. ED WITH WHETHER T CONTRACTORS (GENERAL S PERMIT. I ALSO CERTIFY
Tyler Litzenberger	ER / AUTHORIZED AGEN		
-	PRINT NAME		

\*\*\*COMMERCIAL PROJECTS: Please complete a Plumbing Fixture
Worksheet for possible System Development Credit. \*\*\*