OF PUPALIDS

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 #: 0420201034 | | Site Address: 4823 FREEMAN RD E | | |
|--|--|--|--|---|
| Owner: CRP/VDC Freeman Logi | istics Owner, LLC Phone | e #: (425) 968-5115 | Owner Emai | : TLitz@VectorREcor |
| Owner Address: 11411 NE 124th St #190 | | City: Kirkland | | Zip: 98034 |
| Contractor Name: Rivers Edg | ge Environmental Se | ervice, Inc. | one #: 425 | -584-7089 |
| Contractor Address: 17115 S | SE 270th Place Ste | e 106 City: Covington | | Zip: 98042 |
| WA License #: RIVEREE855 | DT Exp. [| Date: 03/30/202 City Business 603 483 511 | | |
| Contact Name: Clayton Mullendore | | Contact Email: cmullendore@rivers.city | | |
| Contact Phone #: (425) 584-7089 Contact Fax #: | | | | |
| Description of Demolition Project: Demolition of existing residential house and detached garage for future development. | | | | |
| Intended future use of site: Commercial warehouse | | | | |
| Any demolition project over 4000 sq ft is required to go through the SEPA process. SEPA Permit #: | | | | |
| Demolition Permit Information | | | | |
| TYPE OF CONSTRUCTION | | ***COMMERCIAL | | RESIDENTIAL 🗸 |
| ZONING | ЛL | FIRST FLOOR SQ. FT. | | 972 + 416 |
| # DWELLING UNITS 1 | | SECOND FLOOR SQ. FT | | |
| SEWER YES NO S | SEPTIC YES NO | DWELLING UNIT VA | CANT - | YES V NO |
| CITY WATER YES NO V | WATER PURVEYOR: | VALUATION (including | dump fees) | \$ 7,000 |
| Disposal of solid and recycregulations. I HEREBY CERTIFY THAT I HAVE ALL PROVISIONS OF LAWS AND SPECIFIED HEREIN OR NOT. BY LEAVING THE CONTRACTOR I OR SUBCONTRACTORS) WILL NOT THAT IF I DO CHOOSE TO HIRE AT THAT ARE LICENSED BY THE STATEMENT OF THE STATEMENT | READ AND EXAMINED TH ORDINANCES GOVERNING INFORMATION SECTION B DT BE HIRED TO PERFORM A CONTRACTOR (GENERAL | IS APPLICATION AND KNO G THIS TYPE OF WORK WIL SLANK, I HEREBY CERTIFY I I ANY WORK IN ASSOCIATI OR SUBCONTRACTOR) I W | W THE SAME T L BE COMPLIE FURTHER THAT ON WITH THIS | O BE TRUE AND CORRECT. D WITH WHETHER CONTRACTORS (GENERAL FOR PERMIT. I ALSO CERTIFY |
| PLEASE PRINT NAME | | | | |

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