

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 #: E-21-0534 PROJECT NAME: JB#698899 VITAMIN SHOPPE

SITE ADDRESS: 4307 S Meridian, Puyallup, WA 98374

CONTACT PERSON: Susan Byersdorf, Permit Coordinator PHONE #: 253-204-5203

CONTACT EMAIL: sbyersdorf@sefnco.com

DESCRIPTION OF REVISIONS: Changed Vault callout, verbage and legend info to existing vault.

NOTE BELOW ANY REVISIONS THAT APPLY TO THE PROJECT:

Indicate if you are increasing or decreasing square footage:

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

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

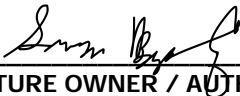
Example: **1+exhaust fan** or **-1 heat pump**

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

253-204-5203
PHONE #

DATE: 10/20/2021

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 _____