

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 #: B-21-0729 PROJECT NAME: MHS GOOD SAMARITAN HOSPITAL VACUUM PUMP REPLACEMENT

SITE ADDRESS: 401 15TH AVE SE

CONTACT PERSON: AMANDA MOORE PHONE #: (206)867-4133

CONTACT EMAIL: permits@macmiller.com

DESCRIPTION OF REVISIONS: SEE PAGE 2. AS WELL AS DOH APPROVAL DOCUMENTS.

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.

_____ (206)867-4133 _____ DATE: 10 / 25 / 2021
 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 _____

MHS GOOD SAMARITAN HOSPITAL VACUUM PUMP REPLACEMENT
MMFS# 77212357
CITY OF PUYALLUP PERMIT #B-21-0729

Summary of Revisions:

G1.0: Updated Site Map

M1.02: Added Temporary Layout plan detail 1; Added existing items in the Demo Plan for clarity.

M3.02: Added plate to the inertia base (and paint base) to allow phasing; Revised the orientation of the MVP-2 modules to allow phasing; Added existing items in the room for clarity.

M3.03: Added Demo/Temporary Phasing notes to document the phasing; Showed temporary relocation of one of the existing Quincy Modules for phasing on Detail 1; Showed the temporary piping connection on Detail 2; Showed the changes in existing pipe sizes at the header on Detail 3.

Moore, Amanda

From: David Leahy <DLeahy@PuyallupWA.gov>
Sent: Thursday, September 30, 2021 12:35 PM
To: Permits (MMFS)
Subject: [EXTERNAL] Permit B-21-0729
Attachments: Revision to Application.pdf

MMFS

This message is coming from an **External Source**. Do not open on any attachments or links unless you were expecting an email from this sender.

September 29, 2021

Amanda Moore
MacDonald Miller Inc.
7717 Detroit Ave SW
Seattle, WA 98106

Permit B-21-0729 for Medical Vacuum Equipment

Ms. Moore,

1. The submitted plans need to have the Department of Health approval prior to our approval. And I have seen some preliminary comments from them already too.
2. The plans have some areas that are highlighted and other areas that have some notes added in red that I am not sure where they came from and how applicable they are to this permit. Please make sure the plans are not amended with all comments or highlights prior to submittals.
3. See section C408.1.1 of the 2018 Washington State Energy Code and put all required information on the plans.
4. Show how this project complies with the 2018 Uniform Plumbing chapter 13 on the plans.

Sincerely,

David Leahy

Sr. Plans Examiner

Building Division

City of Puyallup

T: 253 435-3618

Email: dleahy@puyallupwa.gov

**A minimum of a complete set of all documents containing the information requested shall be emailed, with a Resubmittal form attached to; permitcenter@puyallupwa.gov
Resubmittal form is attached to this email for your use.**