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-21-0495 PROJECT NAME: Kessler Center				
SITE ADDRESS: 302 2nd St SE Puyallup	WA 98372			
CONTACT PERSON: Emily Hayes PHONE #: 253.473.3323 ex 138				ex 138
CONTACT EMAIL: emily@plumbsigns.com				
DESCRIPTION OF REVISIONS: District response letter attached.				
NOTE BELOW ANY REVISIONS THAT APPLY TO THE PROJECT:				
Indicate if you are increasing or decreasing square footage: Building Area (sq. ft.) +/-				
1 st floornew	remodel	2 nd floor	new	remodel
Garagenew	remodel	Deck	new	remodel
Basementnew		Other		
Revised Project Valuation: \$				
Plumbing Changes Example: +1 sink or -2 water closets Mechanical Changes Example: 1+exhaust fan or -1 heat pump				
Example: +1 sink or -2 water closets		Example: 1+ex	<u>khaust fan</u> or <u>-</u>	1 heat pump
sink/lavatoriesgarbage disposalghood drains		furnace+/-		
tub/shower misc		gas piping hood		
dishwasher		diffusers		
water heater		dryer vent		
lawn sprinkler/backflow		heat pump		
If this is a change of contractor, plea	eso provido t	ho following:		
Contractor	•	•		
Address				•
License #		Expiration I	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.				
mily Hayes	253.47	73.3323 EX 138	DATE: _	<u>12,06,202</u> 1
SIGNATURE OWNER / AUTHORIZED AGENT	PHO	NE #		
OFFICE USE ONLY:				
() Building: staff initialsDate	() Plan: staff initials	sDat	e
() Eng: staff initialsDate	() Fire: staff initials	SDat	e
() Traffic: staff initialsDate		*REVISION FE	ES DUE	

Rev 02/10