

CITY OF PUYALLUP **Development & Permitting Services** 333 S. Meridian, Puyallup, WA 98371 (253) 864-4165

www.cityofpuyallup.org

Permit No: B-21-0922

## MECHANICAL

Puyallup, WA

Job Address	Address: 1702 13TH ST SE, PUYALLUP, WA 983721701 13TH ST SE, PUYALLUP, WA 98372 Parcel # 042034400004203440110420344054	<b>ISSUED</b> February 21, 2022			
Owner MULTICARE HEALTH SYS 1701 13TH ST SE TACOMA, WA 98415-0299					
Applicant Evan Robbins PO Box 804 Vashon, WA 98070 evan@16dllc.com					
Contractor 16D LLC PO BOX 804 VASHON, WA 98070 WA L&I #:					
Description of Work ADD SPLIT UNIT HVAC FOR ELEVATOR MODERNIZATION					
Permit Types	Mechanical				
Expiration Date: August 20, 2022					

## **Building Components:**

Quantity	Units	Description	Unit Cost	Subtotal Cost
1	QTY	AC Unit	\$0.00	\$0.00
			Total Value of Work:	\$0.00

## Standard Conditions:

3. PERMIT CONDITIONS:

ALL EXTERIOR MECHANICAL EQUPMENT SHALL BE SCREENED FROM VIEW OF SURROUNDING PUBLIC STREETS AND RESIDENTIAL PROPERTIES.

\*\*\*SUBJECT TO FINAL PLANNING DEPARTMENT INSPECTION\*\*\*

## 4. PERMIT CONDITIONS:

Permit is valid 180 days from date of issuance. Permit validity is subject to all adhering to all applicable codes, ordinances and standards, and conditions of this permit.

I certify that I am the owner of this property or the owner's authorized agent, including an appropriately licensed contractor. I have read and examined this application and furnished true and correct information. I will comply with all provisions of law and ordinances governing this type of construction work, whether

Applicant: Evan Robbins specific herein or not. By submitting this application, I give the jurisdiction permission to enter the property to perform inspections. The granting of this permit does not presume or give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. I understand that failure to comply with the above may result in revocation of the permit.