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-21-0820	PROJECT NA	AME: SH	BTC Bldg A I	Builder's Ca	apital TI		
SITE ADDRE	ss: <u>1019 39</u>	th Ave SE, Suite 210), Puyallu	ıp WA 98374				
CONTACT P	CONTACT PERSON: Ammone Bembry PHONE #: 206-768-4062							
CONTACT EN	иать: permit	s@macmiller.com						
Mechanical: Install (2) New VAV's. Install (1) New exhaust fan in IT Room. Move around diffusers and return air grilles, per plan. Plumbing: Replace (1) kitchen sink and faucet in breakroom. Install (1) New additional kitchen sink and faucet in								
NOTE BELC	W ANY REV	/ISIONS THAT APPI	Replace/upsize	(1) hot water heater for E PROJECT:	r break room, per pl	lan.		
Building Are	ea (sq. ft.) +/-	increasing or deci		square foota	age:			
		new		2 nd floor				
		new		Deck	new		remodel	
Bas	ement	new	_remodel	Other	new		remodel	
Revised	Project Va	luation: \$						
	g Changes) water elects			cal Change		oost numn	
		<u>2 water closets</u> garbage disposal			1<u>+exhaust 1</u> ce+/-100k _			
	closet			gas pi		aii-coi duct w		
tuh/sl	hower 5	noor drains misc_(2) dishwasher	hook-ups	gas pi	- Ping –		•	
dishw	riower <u> </u>	(2) refrigerator	water	,1000 26 diffuse		exhau		
1 water	heater	hook ups, (1) c	offee		vent _	boiler	i i i i i i i i i i i i i i i i i i i	
	sprinkler/back		01100	drycr	-		(2) VAV, (1)	
iawii	spilitikiei/back		ng (16) diff	users and instal	ling (10) new	ones.	Exhaust Fan	
		contractor, please		•				
Address			City	PHOHE		7:	o	
License #_				Ехріга	tion Date			
DESCRIBED PR	OPERTY, THE O	INFORMATION PROVIDED CCUPANCY, AND USE WILI AND THE CITY OF PUYALLU	BE IN ACC	ORDANCE WITH 1				
			206-768	3-4062		DATE: <u>02</u>	012022	
SIGNATURE	OWNER / AU	THORIZED AGENT	PHO	NE #				
OFFICE USE	ONLY:							
() Building:	staff initials_	Date	() Plan: staff in	nitials	Date		
() Eng: staff	f initials	Date	() Fire: staff ir	nitials	Date		
() Traffic: st	taff initials	Date		*REVISIO	N FEES DUE			

Rev 02/10