

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 #: PRCTI20210031 PROJECT NAME: Costco Freshline Remodel

SITE ADDRESS: 1201 39TH AVE SW, PUYALLUP, WA 98373

CONTACT PERSON: Erik Chudy PHONE #: 208.577.5695

CONTACT EMAIL: erikchudy@cushingterrell.com

DESCRIPTION OF REVISIONS: Response to plan review comments; E003 added to include WSEC form, E201 modified fixture schedule

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	<u>N/A</u>	new	remodel	2 nd floor		new	remodel
Garage		new	remodel	Deck		new	remodel
Basement		new	remodel	Other		new	remodel

Revised Project Valuation: \$ N/A

<p>Plumbing Changes</p> <p><u>Example: +1 sink or -2 water closets</u></p> <p><input type="checkbox"/> sink/lavatories <input type="checkbox"/> garbage disposal</p> <p><input type="checkbox"/> water closet <input type="checkbox"/> floor drains</p> <p><input type="checkbox"/> tub/shower <input type="checkbox"/> misc _____</p> <p><input type="checkbox"/> dishwasher</p> <p><input type="checkbox"/> water heater</p> <p><input type="checkbox"/> lawn sprinkler/backflow</p>	<p>Mechanical Changes</p> <p><u>Example: 1+exhaust fan or -1 heat pump</u></p> <p><input type="checkbox"/> furnace +/-100k <input type="checkbox"/> air-conditioner</p> <p><input type="checkbox"/> gas piping <input type="checkbox"/> duct work</p> <p><input type="checkbox"/> hood <input type="checkbox"/> fireplace</p> <p><input type="checkbox"/> diffusers <input type="checkbox"/> exhaust fans</p> <p><input type="checkbox"/> dryer vent <input type="checkbox"/> boiler</p> <p><input type="checkbox"/> heat pump <input type="checkbox"/> misc _____</p>
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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 208.577.5695 DATE: 04 / 13 / 22
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 _____