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 #: PRFA20220604   **PROJECT NAME:** Step By Step Gateway

SITE ADDRESS: 3303 8th AVE SE PUYALLUP, WA 98372

CONTACT PERSON: Steve Curnow   **PHONE #:** 253-208-8190

CONTACT EMAIL: stevec@electricsystemsllc.com

DESCRIPTION OF REVISIONS: Remove Preliminary stamp, already having detection above the T-Bar ceiling, added a heat detector and LED plate.

NOTE BELOW ANY REVISIONS THAT APPLY TO THE PROJECT:

Indicate if you are increasing or decreasing square footage:
Building Area (sq. ft.) +/-
    1st floor _____ new_____ remodel   2nd 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.

Zach Perry   253-365-8149   **DATE:** 4 / 29 / 2022
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_____

Rev 02/10