

# 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 #: PRSG20220116 PROJECT NAME: Korum Lincoln Monument

SITE ADDRESS: 100 River Road, Puyallup, WA 98371

CONTACT PERSON: Marisa Ketzeback PHONE #: (253) 473-3323 xt 136

CONTACT EMAIL: marisa@plumbsigns.com

DESCRIPTION OF REVISIONS: Engineering complies with the 2018 IBC|ASCE7-16, WA Stamp, and adjusting total sq ft

**NOTE BELOW ANY REVISIONS THAT APPLY TO THE PROJECT:**

**Indicate if you are increasing or decreasing square footage:**

Building Area (sq. ft.) +/-

1 <sup>st</sup> floor _____ new _____ remodel	2 <sup>nd</sup> floor _____ new _____ remodel
Garage _____ new _____ remodel	Deck _____ new _____ remodel
Basement _____ new _____ remodel	Other <u>42.6 SF decrease</u> new _____ remodel

**Revised Project Valuation:** \$ 4,050.00

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

**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.

Marisa Ketzeback (253) 473-3323 xt 136 DATE: 05 / 11 / 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 \_\_\_\_\_