

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 #: PRROW20220314 PROJECT NAME: MHS GOOD SAM HOSPITAL VAC PUMP REP

SITE ADDRESS: 401 15TH AVE SE

CONTACT PERSON: AMANDA MOORE PHONE #: 206-867-4133

CONTACT EMAIL: permits@macmiller.com

DESCRIPTION OF REVISIONS: Response to reviewer comments, see attached narrative.

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 _____ new _____ remodel	2 nd 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.

 SIGNATURE OWNER / AUTHORIZED AGENT 253-867-4133 PHONE # DATE: 05/18/22

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 _____