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 #: PRFUPO20220748 **PROJECT NAME:** Masergy - SFBA TQ - Serta SImmons Bedding LLC

SITE ADDRESS: 1414 Valley Ave NW, Puyallup, WA 98371

CONTACT PERSON: Susan Byersdorf, Permit Coordinator **PHONE #:** 253-204-5203

CONTACT EMAIL: sbyersdorf@sefnco.com

DESCRIPTION OF REVISIONS: Revisions to TCP - adding Uniformed Police Officer

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.

Susan Byersdorf, Permit Coordinator — 253-204-5203 — **DATE:** 05 / 26 / 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_____