

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 #: _PRCTI20220827_____ PROJECT NAME: _SE04823C Washington State Fair-TMOBILE_____

SITE ADDRESS: 902 S. Meridian Unit 6 Puyallup, WA 98371_____

CONTACT PERSON: __Jessica Pierce_____ PHONE #: _206-200-8333_____

CONTACT EMAIL: jpierce@rykaconsulting.com_____

DESCRIPTION OF REVISIONS: _submittal of NIER report for permit approval_____

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.

Jessica Pierce

SIGNATURE OWNER / AUTHORIZED AGENT

206-200-8333

PHONE #

DATE: 07 / 12 / 2022

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 _____