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 #: 3-21-0544 PROJECT NAME: Tendocri Gril S Meridian Stc 715 SITE ADDRESS: CONTACT PERSON: Justin Lag PHONE #: (753) 201 - 7471 **DESCRIPTION OF REVISIONS:** 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 ______remodel Basement new remodel Other new remodel Revised Project Valuation: \$_____ **Mechanical Changes Plumbing Changes** Example: +1 sink or -2 water closets Example: 1+exhaust fan or -1 heat pump _sink/lavatories ____garbage disposal _____furnace+/-100k _____air-conditioner _water closet _____floor drains duct work gas piping hood misc fireplace tub/shower diffusers exhaust fans dishwasher _dryer vent boiler water heater lawn sprinkler/backflow heat pump ____misc ____ If this is a change of contractor, please provide the following: Contractor_____ State Zip Address Expiration Date___ License # 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. (253) 201 - 7931 DATE: 8 1 26,22 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