

City of Puyallup Application for Building Permit

333 S. Meridian Puyallup, WA 98371 Tel: (253) 864-4165

permitcenter@ci.puyallup.wa.us

Parcel No:		Site Address:	4.450.511.01.05.B. II. MAA.00070	
			1450 5th St SE, Puyallup, WA 98372	
Owner Name:	MultiCare Health Systems	Tel:	253-266-6200	
	MultiCare Health Systems		200 200 0200	
Owner Address:	PO Box 5299, Mail Stop 911-Cons	City: Tacoma	^{Zip:} 98405	
Contractor Name	e: TBD	Tel	:	
	IBD			
Contractor Address:		City:	Zip:	
WA State Licens	e:	Exp Date:	City Business License:	
Contact Name:	Karsea Langlois	Email: Kl angle	is@InsightDesignStudio.biz	
	Taroca Larigioio		is @ ItisigritDesigriotadio.biz	
Contact Tel:	206-601-6645	Fax: N/A		
Lender Name:	N/A	Address:	Tel:	

Project Description: A 1455 SF Tenant Improvement to the third story of an office building

If the project disturbs one acre or more, the applicant must apply for a NPDES Construction stormwater general permit from the Department of Ecology. For additional information visit DOE website www.ecy.wa.gov/programs/wq/stormwater/construction

Building Permit Information

COMMERCIAL OR RESIDENTIAL	Commercial	TYPE OF CONSTRUCTION	VB
OCCUPANCY TYPE	B, Medical Office	FIRST FLOOR SQ. FT.	
OCCUPANCY LOAD	22	SECOND FLOOR SQ. FT.	3308
# OF DWELLING UNITS	0	BASEMENT SQ. FT.	
# OF BEDROOMS		GARAGE SQ. FT.	
# OF BATHROOMS		COVERED PORCH SQ. FT.	
BUILDING HEIGHT		PATIO SQ. FT.	
ZONING	MED - Medical	DECK SQ. FT.	
LOT SIZE SQ. FT.		HEAT TYPE	Electric
LOT COVERAGE: (%)		CHANGE OF USE?	No
IMPERVIOUS SURFACE SQ. FT.		AIR CONDITIONED?	Yes
PROJECT DISTURBED AREA SQ. FT.		FIRE SPRINKLERS?	Yes
SEWER OR SEPTIC	Sewer	LOCATED IN FLOOD PLAIN?	No
WATER PURVEYOR		VALUATION	\$ 150,000.00

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT.

BY LEAVING THE CONTRACTOR INFORMATION SECTION BLANK, I HEREBY CERTIFY FURTHER THAT CONTRACTORS (GENERAL OR SUBCONTRACTORS) WILL NOT BE HIRED TO PERFORM ANY WORK IN ASSOCIATION WITH THIS PERMIT. I ALSO CERTIFY THAT IF I DO CHOOSE TO HIRE A CONTRACTOR (GENERAL OR SUBCONTRACTOR) I WILL ONLY HIRE THOSE CONTRACTORS THAT ARE LICENSED BY THE STATE OF WASHINGTON.

SIGNATURE OWNER / AUTHORIZED AGENT	PRINT NAME	DATE
Larseal Longla's	Karsea M Langlois	8/9/2022

MECHANICAL

Quantity Scheduled	Description	Permit Rate Per Unit	Total Price
1	Permit Issuance	40.00	40.00
	Supplemental Permit	9.60	
	AC Unit – Stand Alone	19.55	
	Install Furnace / Burner up to 100,000 BTU	19.55	
	Install Furnace / Burner over 100,000 BTU	24.00	
	Install / Relocate Floor Furnace & Vent	19.55	
	Install / Relocate Recessed Wall Space Heater	19.55	
	Appliance Vent – Separate	9.60	
	Repair Heating / Cooling Unit	18.11	
	Heat Pump/Boiler / Compress. 3 HP; up to 6 Tons; 100,000	19.55	
	Heat Pump/Boiler / Compress. 3-15 HP or 500,000 BTU	35.95	
	Heat Pump/Boiler / Compress 15-30 HP or 1,000,000 BTU	49.28	
	Heat Pump/Boiler / Compress 30-50 HP or 1,750,000 BTU	73.30	
	Heat Pump/Boiler / Compress over 50 HP or over 1,750,000	122.48	
3	Separate Air Handling Unit to 10,000 CFM	14.10	42.30
	Separate Air Handling Unit over 10,000 CFM	23.92	
	Stationary Evaporative Cooler	14.10	
	Exhaust Vent Fan with Single Duct (Bath Fan)	14.10	
	Vent System Apart from Heating or AC	14.10	
	Mechanical Exhaust Hood / Duct (Range Hood) - Residential	14.10	
	Mechanical Exhaust Hood w/Make-up Air - Commercial	35.95	
	Commercial / Industrial Incinerator	24.00	
	Gas Piping: (1 - 4 outlets)	6.30	
	(5 or more outlets / per outlet)	1.30	
	Unclassified Appliance or Equipment (Fireplace, etc.)	14.10	
	Mechanical Duct Work: (1 – 5 Diffusers)	14.10	
20	(6-10 Diffusers)	19.55	480.00
	(11 or more Diffusers)	24.00	
		TOTAL:	522.30

PLUMBING

Quantity Scheduled	Description	Rate Per Unit	Total	Quantity Scheduled	Description	Rate Per Unit	Total
1	Permit Issuance	40.00	40.00		GREASE TRAP/INTERC	EPTOR	
R	ESIDENTIAL (1 & 2 DW	ELLINGS)		Grease Trap	13.00	
	1 Bathroom	160.00			Grease Interceptor	13.00	
	2 Bathroom	200.00			BACK FLOW DEVI	CE	
	3 Bathroom	240.00			Per Unit	26.00	
	Alterations each fixture	13.00			MEDICAL GAS SYST	EM	
	Water Heater	13.00			Medical Gas Piping System	80.00	
	***COMMERCIAL	***			Surgical Vacuum System	80.00	
	New Const. each fixture	13.00			Gas Piping: (1 - 4 outlets) (5 or more outlets/per outlet)	8.50 2.00	
10	Alterations each fixture	13.00	130.00		Dental Chair or Unit	40.25	
	Drinking Fountain, Water Cooler, Ice Machine	40.25			OTHER (NOT LIST	ED)	
	Sump,Sewage Ejector Pump	13.00					
	Garbage Disposal	13.00					
	Water Heater	13.00					
	SUB	-TOTAL:	I		SUB-	TOTAL:	130.00
					TOTAL:		130.00

***COMMERCIAL PROJECTS: Please complete "System Development Calculation Sheet" ***

A water availability/approval letter shall be submitted with this application for any property located outside the city's water service area.

Fruitland Mutual Water Co. - (253) 848-5519 / Valley Water Co. - (253) 841-9698 / Tacoma Water Co. - (253) 502-8600

Plan Submittal Checklist for Single Family Residence

	2 (two) copies of a site plan, drawn to scale on $8\frac{1}{2}$ " x 11 ". Details to include setbacks, easements, other structures & features, adjacent right-of-way, drive access, septic and/or utility lines, and contours of slopes over 15% grade at 2-foot intervals.
	2 (two) sets of plans (Engineer or Architect Stamped on all sheets)
	Foundation Plan: footing size, wall height, section & reinforcing. Provide design calculations for basement walls that are not supported by concrete cross walls spaced per table 404.1b.
	☐ Floor plan with room use identified ☐ Floor framing plan for each floor (post & beam or joist w/ size & spacing) ☐ Ceiling/roof framing plan or truss layout w/ reactions from truss manufacturer ☐ Truss layout with hanger and reactions for girder/carrier trusses ☐ Truss drawings for TJI's or BCI's ☐ Truss specifications packet Engineer Stamped
	Window & door sizes, header sizes, U-values
	Complete building sections - special sections (show floor, wall & ceiling height, insulation R-value of floors, walls & ceilings. Show sections through stairs - headroom)
	Constructions details (i.e. structural members, insulation, sheathing, siding, roofing, bracing, dimensions, etc.)
	Exterior porches & decks (resistance to decay including support footings)
	Special equipment (fireplace, woodstove, hydro-massage tub, etc.)
	Location of all smoke detectors
_	Handrail/guardrail details for stairs, landings, decks
	Energy Worksheets: http://www.energy.wsu.edu/BuildingEfficiency/EnergyCode.aspx
Ч	2 (two) sets Engineering plans/calculations for special conditions – Engineer stamped
	\square Basement & retaining walls 4 feet and higher \square Beams supporting combined roof & floor loads \square Beams supporting other beams or girder trusses \square Shear walls when bracing not provided as required.
	If less than 2,000 square feet of new + replaced hard surface: submit a temporary sediment and erosion control plan per the 2014
	update to the 2012 Stormwater Management Manual for Western Washington
	If greater than 2,000 square feet of new + replaced hard surface: submit a Stormwater site plan, report and temporary sediment
	and erosion control plan and report that satisfy the 2014 update to the 2012 Stormwater Management Manual for Western
	Washington and City standards
	Plan Review Fee
	Plan Submittal Chacklist for Commorcial Projects
	Plan Submittal Checklist for Commercial Projects
	2 (two) copies of a site plan, drawn to scale on 8½" x 11". Details to include setbacks, easements, soil reports, other structures & features, adjacent right-of-way, drive access, septic and/or utility lines, and contours of slopes over 15% grade at 2-foot intervals,
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