

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 #: PRFA20221409 **PROJECT NAME:** Puyallup 1

SITE ADDRESS: 1601 Industrial Park Way, Puyallup, WA 98371

CONTACT PERSON: Jeff Harasimowitz **PHONE #:** 253-284-3447

CONTACT EMAIL: jeffh@patriotfire.com

DESCRIPTION OF REVISIONS: Removed plan for dedicated function FACP. Suite 103 smokes to utilize existing building FACP via zone expansion module.

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

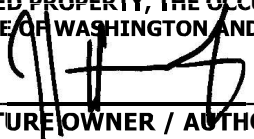
Example: 1+exhaust fan or -1 heat pump

_____ 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

253-284-3447

PHONE #

DATE: 09 / 20 / 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 _____