

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 #: 20221223 PROJECT NAME: MultiCare GSMOB Women's Clinic TI

SITE ADDRESS: 1450 5th St SE,

CONTACT PERSON: Karsea Langlois PHONE #: 206-601-6645

CONTACT EMAIL: KLanglois@InsightDesignStudio.biz

DESCRIPTION OF REVISIONS: Revised Drawings per corrections notice

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.

Karsea Langlois

SIGNATURE OWNER / AUTHORIZED AGENT

206-601-6645

PHONE #

DATE: 11 / 4 / 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 _____

Revision Architectural Drawings changes 10/27/22:

Reduction in project scope, as indicated by Revision Cloud #4

Revision Architectural Drawing changes 9/15/22: (as indicated by Revision Cloud #3)

- G0.0 Revised Project Information to include floor and suite number.
See note calling out project as not reviewable by DOH CRS.
- A01.1 Added Occupancy Calculations and revised area of suite 3200 to include a portion of the registration and waiting areas.
- A6.0 Revised toilet paper dispenser location.
- A8.1 Water-resistant wall coverings extend to 52" AFF (Construction Specialties Rigid Sheet). See Details 5/A8.1 and 10/A8.1.
See detail 4/A8.1 for framing details for the ceiling in room 3169. Ceiling height is at 9'-6" AFF, per sheet A7.1.
See detail 9/A8.1 for wall bracing details for all the new walls being constructed.

Revision 1 Mechanical changes 9/15/22:

The source of the hot water is shown, it is the recirculating hot water line that we have routed close to every sink to minimize pipe length in accordance with that energy code section.

Revision 1 Electrical changes 9/15/22:

- E3.1 Change outlets as indicated.
- E4.1 Add data outlets and card readers as indicated.