

**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 #: PRCTI20220873 PROJECT NAME: Red Dot Office TI

SITE ADDRESS: 2504 East Main Avenue

CONTACT PERSON: Mark Evans PHONE #: (206) 408-8519

CONTACT EMAIL: mevans@nelsonww.com

DESCRIPTION OF REVISIONS: Removal of one private office and enlargement of another

**NOTE BELOW ANY REVISIONS THAT APPLY TO THE PROJECT:**

**Indicate if you are increasing or decreasing square footage:**

Building Area (sq. ft.) +/-

1 <sup>st</sup> floor _____ new _____ remodel	2 <sup>nd</sup> floor _____ new _____ remodel
Garage _____ new _____ remodel	Deck _____ new _____ remodel
Basement _____ new _____ remodel	Other _____ new _____ remodel

Revised Project Valuation: \$ No change

**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.

*MEvans*

SIGNATURE OWNER / AUTHORIZED AGENT

(206) 408-8519

PHONE #

DATE: 10 / 26 / 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 \_\_\_\_\_