

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 #: PRCTI20221484 **PROJECT NAME:** MACY'S INTERIOR ALTERATIONS

SITE ADDRESS: 3500 SOUTH MERIDIAN, SUITE 985

CONTACT PERSON: ANDREW HARTE **PHONE #:** 513-317-4830

CONTACT EMAIL: aharte@architecture359.com

DESCRIPTION OF REVISIONS: CLARIFICATIONS & PLAN REVISIONS IN RESPONSE TO PLAN REVIEW COMMENTS

NOTE BELOW ANY REVISIONS THAT APPLY TO THE PROJECT:

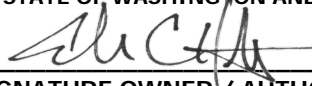
Indicate if you are increasing or decreasing square footage:
 Building Area (sq. ft.) +/-
 1st floor _____ new _____ remodel 2nd floor _____ new _____ remodel
 Garage _____ new _____ remodel Deck _____ new _____ remodel
 Basement _____ new _____ remodel Other _____ new _____ remodel

Revised Project Valuation: \$ _____

<p>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</p>	<p>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 _____</p>
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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.


 _____ 513-317-4830 **DATE:** 11 / 9 / 2022
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 _____