

# 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 #:** PRRM120220133      **PROJECT NAME:** 2121st SA Apartments

**SITE ADDRESS:** 0002121st NE

**CONTACT PERSON:** Jajames G Generero      **PHONE #:** 253-588-6000

**CONTACT EMAIL:** jajames@gigacomet

**DESCRIPTION OF REVISIONS:** Exterior siding material change

**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:** \$ \_\_\_\_\_

<p><b>Plumbing Changes</b>  <b>Example: +1 sink or -2 water closets</b></p> <p>_____ sink/lavatories    _____ garbage disposal          _____ water closet    _____ floor drains          _____ tub/shower    _____ misc _____          _____ dishwasher          _____ water heater          _____ lawn sprinkler/backflow</p>	<p><b>Mechanical Changes</b>  <b>Example: 1+exhaust fan or -1 heat pump</b></p> <p>_____ furnace+/-100k    _____ air-conditioner          _____ gas piping    _____ duct work          _____ hood    _____ fireplace          _____ diffusers    _____ exhaust fans          _____ dryer vent    _____ boiler          _____ heat pump    _____ misc _____</p>
---	--

**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**      \_\_\_\_\_ **PHONE #**      **DATE:** 12/14/22

**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 \_\_\_\_\_