

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 #: PACT120221C28 PROJECT NAME: LOWE'S HOME IMPROVEMENT WAREHOUSE

SITE ADDRESS: 3511 5TH ST SE

CONTACT PERSON: DANIEL HARRISON PHONE #: (918) 587-8602 X219

CONTACT EMAIL: danielh@sgadesigngroup.com

DESCRIPTION OF REVISIONS: REVISED LOCATION OF MENS AND WOMENS RESTROOM ACCESSORIES. REVISED LOCATION OF ADA ACCESSIBLE STALL. REVISED LOCATION AND SIZE OF HC STALL DOOR.
 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: \$ _____

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

Daniel Harrison SIGNATURE OWNER / AUTHORIZED AGENT 760-421-6082 PHONE # DATE: 6/27/23

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 _____

Rev 02/10