



City of Puyallup Application for Building Permit

**333 S. Meridian
Puyallup, WA 98371
Tel: (253) 864-4165
permitcenter@puyallupwa.gov**

Parcel No: 0420342147	Site Address: 602 13th Ave SE, Puyallup, WA 98372
Owner Name: Good Samaritan Hospital	Tel: 253-697-4000
Owner Address: 401 15th Ave SE	City: Puyallup Zip: 98372
Contractor Name: Washington Roofing Solutions	Tel: 253-336-6499
Contractor Address: PO Box 64869	City: Tacoma Zip: 98464
WA State License: WASHIRS861DD	Exp Date: 03/04/2024 City Business License: 602871329
Contact Name: Sara Finch	Email: office@waroofsolutions.com
Contact Tel: 253-336-6499	Fax:
Lender Name: n/a	Address: Tel:

Install 2 ply SBS modified bitumin roof system in torch down application over densdeck (I can send over the scope of work if needed.)

Project Description:

If the project disturbs one acre or more, the applicant must apply for a NPDES Construction stormwater general permit from the Department of Ecology. For additional information visit DOE website www.ecy.wa.gov/programs/wq/stormwater/construction

Building Permit Information

COMMERCIAL OR RESIDENTIAL	Commercial <input type="checkbox"/>	TYPE OF CONSTRUCTION	roof
OCCUPANCY TYPE	maintenance building	FIRST FLOOR SQ. FT.	
OCCUPANCY LOAD		SECOND FLOOR SQ. FT.	
# OF DWELLING UNITS	0	BASEMENT SQ. FT.	
# OF BEDROOMS		GARAGE SQ. FT.	
# OF BATHROOMS		COVERED PORCH SQ. FT.	
BUILDING HEIGHT		PATIO SQ. FT.	
ZONING		DECK SQ. FT.	
LOT SIZE SQ. FT.		HEAT TYPE	
LOT COVERAGE: (%)		CHANGE OF USE?	
IMPERVIOUS SURFACE SQ. FT.		AIR CONDITIONED?	
PROJECT DISTURBED AREA SQ. FT.		FIRE SPRINKLERS?	
SEWER OR SEPTIC		LOCATED IN FLOOD PLAIN?	
WATER PURVEYOR		VALUATION	\$ 5,500

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT.

BY LEAVING THE CONTRACTOR INFORMATION SECTION BLANK, I HEREBY CERTIFY FURTHER THAT CONTRACTORS (GENERAL OR SUBCONTRACTORS) WILL NOT BE HIRED TO PERFORM ANY WORK IN ASSOCIATION WITH THIS PERMIT. I ALSO CERTIFY THAT IF I DO CHOOSE TO HIRE A CONTRACTOR (GENERAL OR SUBCONTRACTOR) I WILL ONLY HIRE THOSE CONTRACTORS THAT ARE LICENSED BY THE STATE OF WASHINGTON.

Sara Finch

Sara Finch

3/29/2024

SIGNATURE OWNER / AUTHORIZED AGENT

PRINT NAME

DATE