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 #: PRFA2025088 **PROJECT NAME:** CASCADE CHRISTIAN SCHOOLS PORTABLES 1-4

SITE ADDRESS: 811 21ST ST SE

CONTACT PERSON: DAVID JUSTICE **PHONE #:** 253-241-4125

CONTACT EMAIL: DAVID-J@LINXNW.COM

DESCRIPTION OF REVISIONS: NEW PORTABLE LAYOUTS WITH ADDITIONA FA DEVICES

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: $ $950.00 IN ADDITIONAL FA EQUIPMENT

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 LILNX INTEGRATED Phone 253-241-4125
Address 114O9 58TH AVE E City PUYALLUP State WA Zip 98373
License # LINXII*927PN Expiration Date 10/15/2026

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.

DAVID A JUSTICE 253-241-4125 **DATE:** 8 / 11 / 2025

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_____