

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 #: B-21-0727 PROJECT NAME: CASCADE CHRISTIAN SCHOOL - CLASSROOMS

SITE ADDRESS: 815 21ST STREET SE

CONTACT PERSON: SONGYI CHO PHONE #: 509-432-4651

CONTACT EMAIL: SONGYI.CHO@HOTMAIL.COM

DESCRIPTION OF REVISIONS: ADD SCIENCE CLASSROOMS:
REVISED DRAWING WITH RESPONSE LETTER

NOTE BELOW ANY REVISIONS THAT APPLY TO THE PROJECT:

Indicate if you are increasing or decreasing square footage: N/A

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: \$ NOT CHANGED

Plumbing Changes

Example: +1 sink or -2 water closets

+22 sink/lavatories _____ garbage disposal
-1 water closet _____ floor drains
 _____ tub/shower _____ misc _____
+1 dishwasher
 _____ water heater
 _____ lawn sprinkler/backflow

Mechanical Changes

Example: 1+exhaust fan or -1 heat pump

+1 furnace +/-100k _____ air-conditioner
+4 gas piping _____ duct work
 _____ hood _____ fireplace
 _____ diffusers _____ exhaust fans
 _____ dryer vent _____ boiler
-1 heat pump +1 misc DOAS VENT

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

253.606.8324

PHONE #

DATE: 12 / 06 / 2021

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 _____