

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-20-0306 PROJECT NAME: CASCADE CHRISITAN SCHOOLS - LOBBY ADDITION

SITE ADDRESS: 815 21ST ST SE

CONTACT PERSON: SONGYI CHO (JEFF BROWN ARCH) PHONE #: 509-432-4651

CONTACT EMAIL: SONGYI.CHO@HOTMAIL.COM

DESCRIPTION OF REVISIONS: RESPOND TO THE REVISION COMMENTS

NOTE BELOW ANY REVISIONS THAT APPLY TO THE PROJECT:

Indicate if you are increasing or decreasing square footage: NO CHANGES

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 NO 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 NO 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.

SONGYI CHO 509-432-4651 DATE: 07 / 14 / 22
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 _____