

CITY OF PUYALLUP
DEVELOPMENT SERVICES
FINAL INSPECTION SIGN-OFF FORM

Permit ID: **34538**

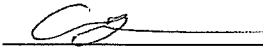
Permit Number: **B-12-0036**

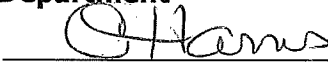
Business Name: **TI - GENTLE DENTAL**

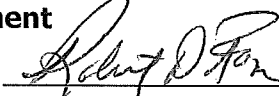
Site Address: **1002 N MERIDIAN ST**

All final inspection requests must be made 24 hours in advance. All categories that are marked "Inspection Required" must be signed off first prior to calling the Building Inspector for final inspection. A Certificate of Occupancy will be issued when all pertinent requirements of the City of Puyallup's codes and ordinances have been complied with. This excludes "shell only" permits.

Inspection Required	Approval Signature	Date	Contact Name/Phone #
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Planning Department			
<input checked="" type="checkbox"/>		<u>4.20.12</u>	CHRIS BEALE 253-841-5418
Comments: _____			

Engineering Department			
<input checked="" type="checkbox"/>		<u>4.24.12</u>	Colleen Harris 253-841-5491
Comments: _____			

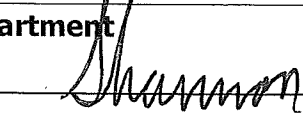
Fire Department			
<input checked="" type="checkbox"/>		<u>4-23-12</u>	253-445-4795/253-445-5092
Comments: _____			

When all of the above inspections are APPROVED, call for the final inspection by the Building Department.

BEFORE YOUR PROJECT CAN BE APPROVED FOR FINAL YOU MUST PROVIDE

- An electrical final from L&I.
- Your Special Inspectors final letter (if applicable).
- Outstanding System Development Fees paid (if applicable).

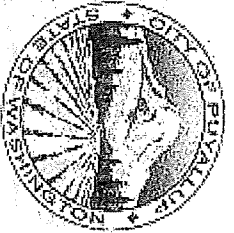
Outstanding System Development Fees Paid			
<input type="checkbox"/> Fees Paid	<input type="checkbox"/> Water	<input type="checkbox"/> Sewer	<input type="checkbox"/> Traffic
Staff Signature: _____			

Building Department			
<input type="checkbox"/>		<u>4/23/12</u>	253-445-4795/253-445-5092
Comments: _____			

Contact Name & Phone # for C of O Pick-up: <u>Jerry ERVEN</u>

Sally

CITY OF PUYALLUP



Certificate of Occupancy

The building or portion thereof described below has been inspected for compliance with the requirements of the code for the group or occupancy in which the proposed occupancy is classified.

THIS CERTIFICATE MUST BE PERMANENTLY MAINTAINED IN ALL COMMERCIAL BUILDINGS REFERRED TO BELOW AND SHALL BE READILY AVAILABLE FOR INSPECTION. Issuance of a Certificate of Occupancy shall not be construed as an approval of a violation of the provisions of this code or of other ordinances of the jurisdiction.

Building Address: 1002 N MERIDIAN ST
PUYALLUP WA 98371

Owner: EASTHOM RIVER ROAD LLC

Address: 1529 QUEEN ANNE AVE N
STE 107

Description: SEATTLE WA 98109-2878
TI - GENTLE DENTAL

BUILD/MECH/PLUMB

Permit Number: B-12-0036

Permit Type: COMMERCIAL BUILDING PERMIT

Parcel Number: 0420218007

Occupant Load: 38

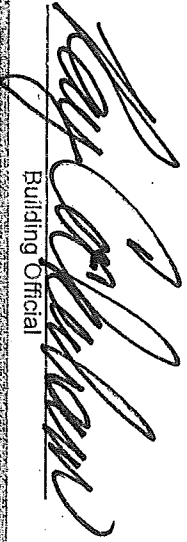
Sprinklers: YES

Code Edition: 2009

Occupancy Code
TENANT IMPROVEMENT

Type of Construction Floor Area Description
ACTUAL VALUATION 3,242 TI - GENTLE DENTAL

Date: May 02, 2012



Building Official