

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 #: _____ PROJECT NAME: _____

SITE ADDRESS: _____

CONTACT PERSON: _____ PHONE #: _____

CONTACT EMAIL: _____

DESCRIPTION OF REVISIONS: _____

NOTE BELOW ANY REVISIONS THAT APPLY TO THE PROJECT:

Indicate if you are increasing or decreasing square footage:

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: \$ _____

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 _____ 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 PHONE # DATE: ____ / ____ / ____

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 _____