

## PLUMBING PERMIT APPLICATION

Site Address:

Applicant Name:

Phone:

E-mail address:

Mailing Address:

Property Owner:

Phone:

E-mail address:

Contractor:

Phone:

E-mail address:

WA State Contractor's License (required):

Describe what you plan to do (Example: Remodel bathroom):

**Any work done from or within the City's right-of-way may require  
a right-of-way permit in addition to the plumbing permit**

|                                  | Qty |
|----------------------------------|-----|
| TOILET                           |     |
| SINK: Kitchen/Bath/Laundry/Misc. |     |
| SHOWER                           |     |
| BATHTUB                          |     |
| BATH/SHOWER COMBO                |     |
| FLOOR DRAIN                      |     |
| CLOTHES WASHER                   |     |
| DISHWASHER                       |     |
| DISPOSAL                         |     |
| BUILDING SEWER                   |     |
| WATER PIPING                     |     |
|                                  |     |
| BACKFLOW - LAWN SPRINKLER        |     |

|                               | Qty |
|-------------------------------|-----|
| DRINKING FOUNTAIN             |     |
| HOSE BIB                      |     |
| WATER HEATER (ELEC)           |     |
| SUMP PUMP                     |     |
| GAS PIPING                    |     |
| URINAL                        |     |
| MISC.FIXTURES                 |     |
| DRAIN-WASTE-VENT SYSTEM       |     |
| GREASE TRAP                   |     |
| EYE WASH UNITS                |     |
| TRENCH DRAINS                 |     |
|                               |     |
| BACKFLOW - PREMISES ISOLATION |     |

I certify, by checking this box and printing my name below, that the information submitted in this application packet is true and accurate. Determination of information to be in error could result in revocation of permit.  
 I understand that this application is not deemed filed until fees are paid.

## MECHANICAL PERMIT APPLICATION

Site Address:

Applicant Name:

Phone:

E-mail address:

Mailing Address:

Property Owner:

Phone:

E-mail address:

Contractor:

Phone:

E-mail address:

WA State Contractor's License (required):

Describe what you plan to do (Example: Install furnace & a/c):

**Any work done from or within the City's right-of-way may require  
a right-of-way permit in addition to the mechanical permit**

|  | Qty |   | Qty |
|--|-----|---|-----|
| MINI-SPLIT CONDENSER                                       |     | VENT FAN/EXHAUST FAN  |     |
| NUMBER OF HEADS  |     | GAS FIREPLACE   |     |
| FURNACE<100,000BTU   |     | APPLIANCE VENT <small>(dryer)</small>                       |     |
| FURNACE>100,000BTU   |     | RANGE HOOD <small>(res)</small>                             |     |
| GAS PIPING   |     | MISC. DUCTWORK  |     |
| AIR COND. BOILER 1-3t<br><small>(12K-36K btu's)</small>    |     | EVAPORATIVE COOLER  |     |
| AIR COND. BOILER 4-15t<br><small>(48K-180K btu's)</small>  |     | AIR COND. BOILER 16-30t<br><small>(192K-360K btu's)</small> |     |
| GAS WATERHEATER  |     | AIR COND. BOILER 31-50t<br><small>(372K-600K btu's)</small> |     |
| MISC GAS APPLIANCE<br><small>(including gas range)</small> |     | AIR COND. BOILER >51t<br><small>(&gt;600K btu's)</small>    |     |
| WOODSTOVE/INSERT   |     | RANGE HOOD <small>(comm.)</small>                           |     |

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Date:

Printed Name of      Property Owner,      Owner's Authorized Agent,      OR      Contractor