

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.

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