

COMMUNITY DEVELOPMENT DEPARTMENT

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PLUMBING PERMIT APPLICATION Permit# Job Address: Parcel Number: Project Description: Estimated cost of the work to be performed (materials and labor): \$											
						Property Owner Name: Address: City/State/Zip:			Contractor Business Name: Address: City/State/Zip:		
Phone:			State Cont. Lic. #:exp								
Alt. Phone:			Phone:								
ITEM	EXISTING			EXISTING NEW							
		QUANTITY	ITEM	QUANTITY	QUANTITY						
Atmospheric Breaker			Mop Sink								
Backflow Device (RPBA or DCVA) <2"			Pretreatment Interceptor								
Backflow Device (RPBA or DCVA) >2"			Repair/Alt. Drain/Vent Piping								
Bar Sink			Roof Drain								
Bathtub			Sewage Pump								
Clothes Washer			Sewer Repair								
Dishwasher			Shower								
Drinking Fountain			Side Sewer								
Floor Drain			Sink								
Hose Bib			Supplemental Permits								
Kitchen Sink			Urinal								
Kitchen Sink 3 Compartment			Water Closet – Tank Type								
Laundry Tray			Water Closet – Flushometer Type								
Lavatory (Basin)			Water Heater								
Miscellaneous:			Water Piping/Service								
	-		Sampling Port								
Declaration	-1										
I hereby certify that (please select one): \Box I am a CONTRACTOR or SPECIALTY C		currently register	red and properly licensed as defined under	RCW 18 27 010 and	l 18 27 110 an						
am legally qualified to perform the work s			ed and properly licensed as defined under	10.27.010 and	1 10.27.110 an						
☐ I am an AUTHORIZED AGENT of the properties			be done by the property owner or a prop qualified to perform the work sought by the		ctor or special						
☐ I am EXEMPT from the requirements of	the Contractor	Registration law		all provisions and c							
I hereby certify under penalty of perjury information contained herein is true and	of the Laws of correct. I under	f the State of W rstand that the g	fashington that I have read and examined granting of a permit does not authorize me on or performance of construction sought	in any way to violat							
Signature			Print Name	Dat	·e						