Application for PLUMBING PERMIT

Building Services Division

1700 Civic Drive · DuPont, WA 98327
P: (253) 912-5216 · F: (253) 964-1455
www.ci.dupont.wa.us

Permit Number: _____

Application is hereby made for permit to do the following work: ☐ **Commercial** ☐ **Residential**

☐ **New Installation** ☐ **Addition** ☐ **Replacement**

DESCRIPTION OF WORK_____

Project Address: **Parcel Number:**

Owner of Building: **Phone Number: ( )**

Mailing Address (***if different from Project address***)**:**

Applicant: **Phone Number: ( )**
(*contractor, fill out next section*)

Address:

Contact Person: **Email:** **Phone Number: ( )**

Contractor: **Phone Number: ( )**

Address:

State Contractor Number: **City Business Licence:**

Project Contact Person: **Phone Number: ( )**

Quantity		Quantity		Quantity	
	Backflow Device		Hose Bibbs		Sink/Drain
	Bath Tubs		Laundry Drain		Urinal
	Dishwasher		Lavatory		Water Closet
	Drinking Fountain		Roof Drain		Water Heater
	Floor Drain		Shower		Other _____

SCHEDULE OF FEES

(OFFICE USE ONLY)

Filing fee **$ 30.00**

Fixture Count
Residential _____@ $10/fixture **$**_____

Commercial _____@ $15/fixture **$**_____

Subtotal **$**_____

Plan Review Fee *(75% of Permit Fee)* **$**_____
(Due @ submittal)

Deposit Rec't#_____ **$**_____

TOTAL **$**_____

I certify that I am the: ☐ **Owner** ☐ **Contractor** ☐ **Agent**

I hereby certify that I have read and examined this application and state that the above information is correct. I agree to comply with all City Ordinances and State Laws, whether specified herein or not.

***By leaving the contractor information section blank, I hereby certify further that contractors (General or Subcontractors) will not be hired to perform any work in association with this permit.

_____ _____
Applicant / Authorized Agent Signature **Date**

_____
Printed Name