



Residential Plumbing Permit Application

City of Battle Ground
Community Development
109 SW 1st Street, Suite 127
Battle Ground, WA 98604
Phone: (360) 342-5040 | www.cityofbg.org

DEPARTMENT USE ONLY

Date Received:

Permit #:

TYPE OF WORK

New System ☐

Alteration ☐

Irrigation ☐

DESCRIPTION OF WORK

JOB SITE LOCATION

Project Address or Tax ID:

PROPERTY OWNER

Name:

Address:

Phone:

Email:

PLUMBING CONTRACTOR

Business Name:

Address, City, State, Zip:

Phone:

Email:

WA State Contractor's License #:

APPLICANT

Company Name:

Contact Name:

Address:

Phone:

Email:

REQUIRED SIGNATURES

I certify, under penalty of perjury, under the laws of the State of Washington, that the foregoing is true and correct. (RCW 9A.72.085). I/we agree that City of Battle Ground staff may enter upon the subject property at any reasonable time to consider the merits of the application, to take photographs and to post public notices.

Owner's Signature:

Date:

Applicant's Signature:

Date:

PLUMBING INFORMATION

ITEM

QTY

ITEM

QTY

Each plumbing fixture

Install/Alt water piping

Water connection

Water heater

Sewer connection

Repair/Alt drain vent piping

Gas piping outlets

NEW WATER METER

ITEM

QTY

ITEM

QTY

5/8" Water Meter

2" Water Meter

3/4" Water Meter

3" Water Meter

1" Water Meter

4" Water Meter