



CITY OF
UNION GAP
1883

Community Development Department
102 W Ahtanum RD, Union Gap, WA 98903
(509)575-3638

PLUMBING PERMIT APPLICATION

Job Address: _____

Parcel Number: _____

Project Description: _____

Property Owner

Contractor

Name: _____	Business Name: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Email: _____	Email: _____
Phone: _____	Phone: _____
Alt. Phone: _____	Alt. Phone: _____
	State Contractor Lic. #: _____
	Expires: _____

ITEM	FEE	QTY.	AMOUNT	ITEM	FEE	QTY.	AMOUNT
BASE FEE	\$26.85	1	\$26.85	Laundry Tray	\$9.40		
State Fee Res.	\$6.50			Lavatory (basin)	\$9.40		
State Fee Comm.	\$25.00			Misc.	\$9.40		
Each Res. Unit >1	\$2.00			Pretreatment Interceptor	\$17.45		
Bar Sink	\$9.40			Repair/Alt Drain/Venting Pipe	\$9.40		
Backflow <2"	\$9.40			Roof Drain	\$9.40		
Backflow >2"	\$20.94			Sewage Pump	\$9.40		
Atmospheric Break 1-5	\$8.75			Sewer Repair	\$9.40		
Atmospheric Break over 5	\$2.15			Shower	\$9.40		
Bathtub	\$9.40			Sink	\$9.40		
Clothes Washer	\$9.40			Supplemental Permit	\$6.98		
Dishwasher	\$9.40			Urinal	\$9.40		
Drinking Fountain	\$9.40			Water Closet	\$9.40		
Floor Drain	\$9.40			Water Heater	\$9.40		
Hose Bib	\$9.40			Water Piping/Service	\$9.40		
Kitchen Sink	\$9.40			Sampling Port	\$9.40		
3 Compartment Sink	\$9.40					Total	\$

information contained herein is true and correct. I certify that I am the owner of the subject property, or, that I have been given express permission by the owner of the subject property to submit this application for permit. I understand that the granting of a permit does not authorize me in any way to violate or cancel any of the provisions of state or local law regulating the construction or performance of construction sought under this permit.

Signature _____

Print Name _____

Date _____