City of Puyallup
Application for Plumbing Permit

Building Division
333 S. Meridian
Puyallup, WA 98371
Tel: (253) 864-4165 Fax: (253) 840-6678
permitcenter@puyallupwa.gov

Parcel #:	Site Address:
Owner:	Owner Phone #:
Owner Address:	City: Zip:
Contractor Name:	Contractor Phone #:
Contractor Address:	City: Zip:
WA State License #:	Exp. Date: City Business License #:
Contact Person:	Contact Email:
Contact Phone #:	Fax #:

MINIMUM SUBMITTAL REQUIREMENTS FOR COMMERCIAL PROJECTS: ☐ONE SIGNED APPLICATION ☐ TWO SETS OF PLUMBING DETAIL DRAWINGS (FIXTURE LAYOUT AND ISOMETRIC) WITH FIXTURE UNITS AND SIZES AS REQUIRED ☐ PLAN REVIEW FEE REQUIRED AT TIME OF SUBMITTAL ☐ EQUIPMENT SCHEDULE REQUIRED ON ALL PLANS ☐ **PLUMBING FIXTURE WORKSHEET**

☐ A water availability/approval letter shall be submitted with this application for any property located outside the city's water service area. To confirm your water service area, please contact Engineering Services at (253) 841-5577.
Fruitland Mutual Water (253) 848-5519 - Valley Water (253) 841-9698 - Tacoma Water (253) 502-8600

PROJECT DESCRIPTION: _____

Quantity Scheduled	Description	Rate Per Unit	Total	Quantity Scheduled	Description	Rate Per Unit	Total
1	**Permit Issuance**	**40.00**	**40.00**	**GREASE TRAP / INTERCEPTOR**			
RESIDENTIAL (1 & 2 DWELLINGS)					Grease Trap	13.00	
	1 Bathroom	160.00			Grease Interceptor	13.00	
	2 Bathroom	200.00		**BACK FLOW DEVICE**			
	3 Bathroom	240.00			Per Unit	26.00	
	Alterations **each fixture**	13.00		**MEDICAL GAS SYSTEM**			
	Water Heater	13.00			Medical Gas Piping System	80.00	
*****COMMERCIAL*****					Surgical Vacuum System	80.00	
	New Const. **each fixture**	13.00			Gas Piping: (1 - 4 outlets) (5 or more outlets/per outlet)	8.50 2.00	
	Alterations **each fixture**	13.00			Dental Chair or Unit	40.25	
	Drinking Fountain, Water Cooler, Ice Machine	40.25		**OTHER (NOT LISTED)**			
	Sump, Sewage Ejector Pump	13.00					
	Garbage Disposal	13.00					
	Water Heater	13.00					
SUB-TOTAL:				**SUB-TOTAL:**			
				TOTAL:			

CONTRACTORS AFFIDAVIT: I HEREBY MAKE APPLICATION FOR A PLUMBING PERMIT AND CERIFY THAT OUR BUSINESS IS REGISTERED AS A CONTRACTOR WITH THE STATE OF WASHINGTON AND THAT ALL WORK SHALL BE PERFORMED IN ACCORDANCE WITH ALL CODES AND ORDINANCES OF THE CITY OF PUYALLUP.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH 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. I ALSO CERTIFY THAT IF I DO CHOOSE TO HIRE A CONTRACTOR (GENERAL OR SUBCONTRACTOR) I WILL ONLY HIRE THOSE CONTRACTORS THAT ARE LICENSED BY THE STATE OF WASHINGTON.

_____ _____ **DATE:** ____/____/____

SIGNATURE OWNER / AUTHORIZED AGENT **PRINT NAME**

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