



Application for PLUMBING PERMIT

Building Services Division

1700 Civic Drive · DuPont, WA 98327

P: (253) 912-5216 · F: (253) 964-1455

www.dupontwa.gov

Permit Number: _____

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

New Installation Addition Replacement Irrigation/Backflow Device

DESCRIPTION OF WORK

Project Address:	Parcel Number:
Owner of Building:	Phone Number: ()
Mailing Address (if different from Project address):	

Applicant: <i>(contractor, fill out next section)</i>	Phone Number: ()
Address:	
Contact Person:	Email:
	Phone Number: ()

Contractor:	Phone Number: ()
Address:	
State Contractor Number:	City Business Licence:
Project Contact Person:	Phone Number: ()

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

<u>SCHEDULE OF FEES</u> <small>(OFFICE USE ONLY)</small>	
Filing fee \$ 30.00	I certify that I am the: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Agent
Fixture Count	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.
<i>Residential</i> _____ @ \$10/fixture \$ _____	***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>Commercial</i> _____ @ \$15/fixture \$ _____	
<i>Subtotal</i> \$ _____	
Plan Review Fee (75% of Permit Fee) \$ _____	
(Due @ submittal)	
Deposit Rec't# _____ \$ _____	
TOTAL \$ _____	_____ Applicant / Authorized Agent Signature Date
	_____ Printed Name