



# Application for PLUMBING PERMIT

## Building Services Division

1700 Civic Drive · DuPont, WA 98327

P: (253) 912-5217 · 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

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

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

<b>Contractor:</b>	<b>Phone Number:</b> (    )
<b>Address:</b>	
<b>State Contractor Number:</b>	<b>City Business Licence:</b>
<b>Project Contact Person:</b>	<b>Phone Number:</b> (    )

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**