



Application for COMMERCIAL PLUMBING PERMIT

BUILDING SERVICES DIVISION

1700 Civic Drive · DuPont, WA 98327

P: (253) 912-5217 · F: (253) 964-1455

www.dupontwa.gov

Type: Commercial Residential

Scope of Work: New Installation Addition Replacement

Approximate Project State Date:

Description of Work:

Project Address:	Parcel Number:
Owner of Building:	Phone Number:
Mailing Address <i>(if different from Project Address):</i>	
Applicant <i>(if contractor, fill out next section):</i>	Phone Number:
Address:	Email Address:
Contact Person:	Phone Number:
Contractor:	Phone Number:
Address:	Email Address:
State Contractor Number:	City Business License:
Project Contact Person:	Phone Number:

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

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.*

Signature Owner / Authorized Agent

Date

PLEASE PRINT NAME

Agency