



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

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		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