



PLUMBING PERMIT APPLICATION PERMIT # _____

6000 Main St. SW, Lakewood, WA 98499
Phone: (253) 512-2261

SITE ADDRESS: _____

PARCEL #: _____

PROPERTY OWNER/TENANT: (mandatory)

Name: _____ Daytime Phone: _____

Mailing Address: _____ Fax No.: _____

City/State/Zip: _____

APPLICANT: (mandatory)

Name: _____ Daytime Phone: _____

Mailing Address: _____ Fax No.: _____

City/State/Zip: _____ Email address: _____

Will the applicant be the contact person? YES or NO **If other, please specify below:**

Contact person: _____ Daytime Phone: _____

Mailing Address: _____

City/State/Zip: _____

CONTRACTOR: (mandatory)

Name: _____ Daytime Phone: _____

Mailing Address: _____ Fax No.: _____

City/State/Zip: _____ License No.: _____

Expiration Date: _____

TYPE OF BUILDING: (please circle one) **RESIDENTIAL STRUCTURE** or **COMMERCIAL BUILDING**

WORK DESCRIPTION: _____

❖ **PLUMBING UNITS AND FEES LISTED ON OTHER SIDE**

OFFICE USE ONLY:

BUSINESS LICENSE #: _____ CONTRACTOR BLIC#: _____

TITLE: _____ BIN #: _____

ZONE: _____ ZONING USE TYPE: _____

DATE PERMIT APPLICATION RECEIVED: _____ RECEIVED BY: _____

PLUMBING PERMIT FIXTURE DESCRIPTION	FEE	# UNITS	TOTAL COST
Each Plumbing Fixture With One Trap	\$10.00		
Each Building Sewer	\$18.50		
Each Drain for Indoor Rainwater System	\$10.00		
Each Cesspool (Needs Pierce County Health Department Approval)	\$30.00		
Each Private Sewage Disposal System (Needs Health Department Approval)	\$50.00		
Each Water Heater (Electric)	\$10.00		
Each Gas Piping From 1 to 5 Outlets	\$10.00		
Additional per outlet	\$ 2.00		
Each Waste Incinerator	\$10.00		
Water Piping Alteration or Repair ; Water Treatment System	\$10.00		
Drainage or Vent Alteration or Repair	\$10.00		
Each Backflow Device (Lakewood Water District)	\$10.00		
Vacuum Breakers 1 to 5	\$10.00		
Each Additional	\$2.00		
Backflow Devices other over 2 inches	\$20.00		
Cross Connection of Reclaimed Water Systems	\$40.00		
Graywater System	\$50.00		
Medical gas system from 1 to 5 outlets	\$60.00		
Additional outlets over 5 per each	\$10.00		
Miscellaneous (see below)			
PLUMBING FIXTURE FEE:			
PLAN REVIEW FEE:			
PLUMBING PERMIT FEE			\$28.50
TOTAL PLUMBING PERMIT FEE			

AUTHORIZED AGENT/OWNER SIGNATURE:

By affixing my signature hereto, I certify under penalty of perjury that the information furnished herein is true and correct to the best of my knowledge and that I am the owner of the premises where the work is to be performed, or I am acting as the owner's authorized agent. I further agree to hold harmless the City of Lakewood as to any claim (including costs, expenses and attorney's fees incurred in investigation of such claim) which may be made by any person, including the undersigned, and filed against the City of Lakewood, but only where such claim arises out of the reliance of the City, including its officers and employees, upon the accuracy of the information provided to the City as part of this application.

Signature of Authorized Agent/Owner

Date