Building Department
21630 11th Avenue South, Suite D
Des Moines, WA 98198
(206)870-7576 fax:(206)870-6544
www.desmoineswa.gov

Residential
Plumbing Permit Application

Project Name: _____ **Project Address:** _____

Complex/Park Name: _____ **Unit/Space Number:** _____

Contractor

Name: _____

Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Email: _____ **Phone:** _____ **Fax:** _____

WA Contractor License #: _____ **Des Moines Business License #:** _____

Building Owner

Name: _____

Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Email: _____ **Phone:** _____ **Fax:** _____

Scope of Work:

Type	Cost per unit	Number of units	Total per line
Toilets	$7.75		
Tubs / Showers	$7.75		
Sinks	$7.75		
Water Heaters	$10.50		
Dishwashers	$7.75		
Laundry Trays	$7.75		
Laundry Washers	$7.75		
Whirlpools, Spas, Etc	$7.75		
Hose Bibbs	$7.75		
Gas Piping	1-4 $6.00, over 4 $1.00 each		
Other:			
Permit Fee	$61.00	1	$61.00
Automation Fee (Required)	see Automation Fee Schedule		
		Total Permit Fee	

Applicant: ☐ **Owner** ☐ **Owner's Agent** ☐ **Contractor** ☐ **Contractors's Agent**

I hereby certify that I have read and examined this application and know the same to be true and correct, and agree to comply with City ordinances and State laws regulating the performance of construction. I certify that I am either the owner of the property described on this permit application, the Washington State licensed Contractor responsible for the work, or I represent the owner or contractor, and am acting with the owner's/contractor's full knowledge or consent.

_____ _____

Print name of Applicant **Applicant's signature**

Date: _____

Application expires 180 days from date of application
Permit expires 180 days from date of issuance or last inspection