



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: _____
Complex/Park Name: _____

Project Address: _____
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			
Tubs / Showers			
Sinks			
Water Heaters			
Dishwashers			
Laundry Trays			
Laundry Washers			
Whirlpools, Spas, Etc			
Hose Bibbs			
Gas Piping	1-4 \$5.50, over 4 \$1.00 each		
Other:			
Permit Fee			
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***