

## PERMIT APPLICATION INSTRUCTIONS

**Project Location:** Provide the site address of where the plumbing installation will be performed. Please include unit or suite numbers if applicable. When townhomes are located under one parcel number, the permit shall indicate each unit by number or letter.

**Property Owner Name(s), Phone and Email Address:** The person or firm that owns the property, their phone number and email address.

**Parcel Number:** The 10-digit property parcel number listed by the King County Assessor. This information should be on your latest property tax statement. If you do not know the number, you may contact the Assessor's office or use the King County Parcel Viewer search features.

<https://gismaps.kingcounty.gov/parcelviewer2/>

**Building Use:** Single family is a single home/residence on a property that may also include an attached or detached accessory dwelling. Multi-family is any building containing multiple living units, such as a duplex, townhouses, apartments or condominiums. Buildings that do not contain living spaces are considered commercial. For buildings with mixed occupancies, such as retail spaces on one floor and living spaces on another shall be considered "mixed-use". A building or area of a building that contains process piping would be considered "Industrial". (ex.; marijuana processing, food or drink processing)

**Occupancy:** The type of building occupancy is determined in accordance with Chapter 3 of the Building Code. The designation of the building occupancy can be found on the cover sheet of the approved building plans.

**Medical Gas only:** Indicate hospital, dental office, clinic or veterinarian clinic. A Facility Type shall be indicated on the permit application.

**Activity:** New buildings are considered new construction. Additions and remodels are considered alterations. A change-out of a fixture that requires a permit is considered an alteration (such as replacing a 2-compartment restaurant sink with a 3-compartment sink or replacing a water heater).

**Designer Information:** When a plan review is required and the initial permit application is submitted to begin a plan review, the pertinent designer information shall be provided.

**Contractor Name, Phone & Registration Number:** If you are the contractor, include your company name, phone number, email address and contractor registration number. Staff will check for current valid state contractor registration prior to permit issuance. If you are the owner and not a contractor and intend to perform the work yourself, you need only include your name or "same as above" to indicate such. (See "Signature of Applicant" below.)

**Fixture, Outlet (appliance) or Backflow Assembly Description:** If you do not see the specific fixture, outlet, appliance or backflow assembly listed in the table, write a description in the blank spaces. Components of the installation, such as hose bibs and control valves do not need to be listed.

**Applicant Name and Mailing Address:** This is the signature of the person who has filled out the application. By signing the application, you are indicating that you are either the owner, contractor or the authorized agent of the owner or contractor.

**Signature of Applicant:** This is for the signature of the person identified under "Applicant Name." By signing the application, the applicant is thereby indicating that they understand and will adhere to the rules and regulations governing contractor registration and plumber certification. For instance, if you are a property owner and you are paying for someone to perform the work, they must have a valid contractor registration and the person(s) installing plumbing inside a structure must meet the plumbing certification requirements. If you have any questions regarding these regulations, you may contact the Washington State Department of Labor and Industries or you can find more information on-line at:

<http://www.lni.wa.gov/TradesLicensing/Contractors/HireCon/default.asp>.



Service Req. ID:

Permit Fee:

Processed by:

Date:

Permits can be purchased on-line at <http://www.kingcounty.gov/healthservices/health/ehs/portal.aspx>  
Telephone: (206) 263-9566 (M/W/F 8 a.m. - 3 p.m., T/Th 10:30 a.m. - 3 p.m.)

**Application for Plumbing Permit**

Project Location:

Street Address

Unit #

City

Zip Code

Property Owner Name (s):

Phone:

Owner Email:

Parcel Number:

Building Use: Single Family

Multi-Family

Mixed-Use

Commercial

Industrial

Occupancy: A B E F I M R S

Activity: New Construction

Alteration/Addition/Remodel

**See Schedule A at PHSKC Plumbing & Gas Piping website to answer this question.** Plan Review Required? Yes No

**Designer Information (Plan Review Only)**

Who Designed the Plans:

WA State Professional Engineer (PE)

WA State Journeyman Certified Plumber

ASSE 21120 Rainwater Catchment System Designer

ASPE CPD Holder

Name/Company:

Phone:

Designer License No:

Email:

**Contractor/Company Information**

Contractor/Company:

Phone:

Email:

State Labor & Industries Contractor Registration Number:

Check #

**(NOTE: A separate permit is required for each building)**

**Permit Fees**

Base Fee: \$132

Per-Fixture Fee (in addition to Base Fee): \$26 ea

Fixture Description	Fixture Count	Fee
WATER CLOSET (Toilet)		
BATHTUB/SHOWER		
WASH BASIN/HAND SINK		
SINK		
DISHWASHER		
HOT WATER TANK		
AUTO WASHER BOX		
FLOOR DRAIN/FLOOR SINK		
URINAL		
ROOF DRAIN/RAIN LEADER		
DRINKING FOUNTAIN		
SUMP/EJECTOR		
BUILDING DRAIN EXT./MOVE-ON (Manufactured Structures)		
INTERCEPTOR (GREASE, SAND AND/OR OIL)		
<b>TOTAL FIXTURES AND PERMIT FEE</b>		

Applicants Name: \_\_\_\_\_  
Contractor or Owner (or Authorized Agent)

Phone: \_\_\_\_\_

Applicant Email: \_\_\_\_\_

Applicants Address: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

I UNDERSTAND THAT ALL WORK AUTHORIZED BY THIS PERMIT IS SUBJECT TO INSPECTION AND APPROVAL OF THE HEALTH DEPARTMENT AND MUST COMPLY WITH RULES AND REGULATIONS GOVERNING CONTRACTOR REGISTRATION (RCW 18.27) AND INSTALLER CERTIFICATION (RCW 18.106).