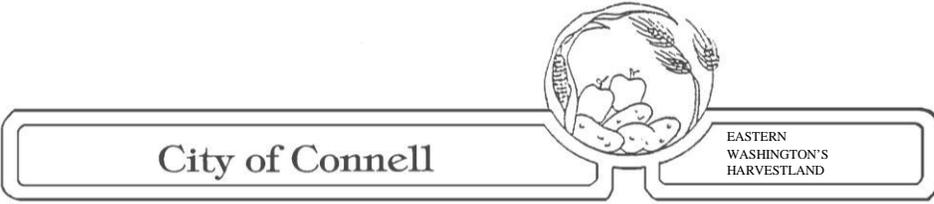


PO Box 1200
Connell, WA 99326



Phone: (509)234-2701
Fax: (509)234-2704

Plumbing Permit Application

****Please Fill Out Completely****

SINGLE-FAMILY RESIDENTIAL MULTI-FAMILY COMMERCIAL

SOLAR PLUMBING SPRINKLER

_____ \$ _____
Property Address Valuation of Work Parcel Number

Description of Work:

_____ _____ _____
Property Owner Mailing Address Phone Number

_____ _____ _____
Applicant Name Mailing Address Phone Number

_____ _____ _____
Contractor Name Mailing Address Phone Number

_____ _____ _____
Contractor St. Lic. No. Connell Business Lic. No. Engineer/Architect/Designer

Fixture Type	Qty	Fixture Type	Qty	Fixture Type	Qty
Bathtub		House Bibb		Shower/Tub Combo	
Clothes Washer		Kitchen/Bath/Laundry Sinks		Solar Panels	
Dishwasher		Medical Gas Piping (# of outlets)		Sprinkler	
Drinking Fountain		Modular Building Connection		Toilet	
Floor Drain		Pool		Urinal	
Floor Sink		Roof Drains		Water Heater	
Grease Interceptors		Shower		Other (please describe):	
Water Service (size of pipe in inches):					
Backflow preventer (size in inches):					
Total number of new fixtures:					

This application becomes null and void if after 180 days.

I HEREBY CERTIFY that I have read and examined this application and know the same to be true and correct. All provisions of Laws & Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel provisions of any other state or local law regulating construction or the performance of construction.

Permit Fee	\$ _____
Building Code	\$ _____
Comm. Improvement	\$ _____
Plan Review	\$ _____
Total	\$ _____

Applicant Signature Date