



# PLUMBING PERMIT APPLICATION

CITY OF EVERETT PERMIT SERVICES

SUBMITTAL INSTRUCTIONS: Drop off hard copy completed paper application to 3200 Cedar Street 2nd Floor Intake Drop Box.

CONTACT INFORMATION: (P) 425-257-8810 | (E) PermitServices@everettwa.gov | (W) everettwa.gov/permits

*(Blue or Black Ink Only Please)* **PROJECT SITE INFORMATION**

PROJECT SITE ADDRESS: STREET	PARCEL #:
CITY	STATE ZIP
SUITE/UNIT #:	FLOOR #:
ADDITIONAL LOCATION INFORMATION:	
TENANT/BUSINESS NAME (if non-residential):	

**CONTACT INFORMATION**

OWNER NAME:	
OWNER MAILING ADDRESS: STREET	
CITY	STATE ZIP
OWNER PHONE:	OWNER EMAIL:
CONTRACTOR COMPANY NAME:	
WA STATE CONTRACTOR LICENSE #(REQUIRED):	CITY OF EVERETT BUSINESS LICENSE #(REQUIRED):
CONTRACTOR ADDRESS: STREET	
CITY	STATE ZIP
CONTRACTOR PHONE:	CONTRACTOR EMAIL:
PRIMARY CONTACT: <input type="checkbox"/> OWNER <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> OTHER (Please Specify) _____	
CONTACT NAME:	CONTACT PHONE:
	CONTACT EMAIL:

**PLUMBING PERMIT INFORMATION**

VALUATION OF WORK: \$	ASSOCIATED PERMIT # (if applicable):
<small>(Valuation shall include the prevailing fair market value of all labor, materials, and equipment needed to complete the work, whether actually paid or not.)</small>	
BUILDING TYPE: <input type="checkbox"/> SFR <input type="checkbox"/> Townhouse <input type="checkbox"/> Duplex <input type="checkbox"/> ADU <input type="checkbox"/> Multi-Family - # Units: _____ <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory Structure	
DESCRIPTION OF WORK:	

**PLUMBING PERMIT FIXTURE COUNT (SCOPE OF WORK)**

Fixture Count (Qty)	List of Fixtures	Fixture Count (Qty)	List of Fixtures
	Backflow Prevention Device (Inside Building) -select devices below: Fire Service: <input type="checkbox"/> DCDA, Domestic Service: <input type="checkbox"/> RPBA <input type="checkbox"/> DCVA		Shower, Tub, or Combo
	Clothes Washer		Commercial Sink (3-compartment, prep, floor)
	Dishwasher		Residential Sink (kitchen, bath, bar)
	Drinking Fountain		Utility Sink (laundry, mop)
	Floor Drain		Toilet
	Hose Bibb		Urinal
	Ice Maker		Waste/Water Pipe Repair
	Grease Interceptor		Water Service Line (Behind meter, private side)
	Sand/Oil Interceptor		Water Valves/Fixtures
	Medical Gas		Water Heater - Electric
	Roof Drains		Water Heater - Gas
	Sewage Ejector Pump/Sump Pump		Other (List Type): _____
			Other (List Type): _____

**ACKNOWLEDGEMENT:** I have reviewed this application and confirm the information contained herein is true and correct. Work done pursuant to this permit must comply with current federal, state, and local law. The granting of a permit only authorizes approved work and no deviations therefrom. Deviations must first be authorized in writing from the Building Official before being authorized under any circumstance. I am the owner, or I am authorized by the owner of this property to perform the work for which application is made, and I comply with the State Contractors Law 18.27 RCW and 296.200A WAC.

*City of Everett Official Use Only*

PERMIT #
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Owner/Authorized Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

(Revised 4/21/2022)