



City of Sumner Mechanical & Plumbing Permit Application

Community Development
1104 Maple Street, Suite 250
Sumner, WA 98390
Tel. (253)299-5530 Fax: (253)299-5539
www.ci.sumner.wa.us

Permit Type (circle):					<i>Commercial</i>	<i>or</i>	<i>Residential</i>																											
Site/Project Address (if available):				Parcel #:																														
Owner:		Phone:		Email:																														
Owner Address:				City:	State:	Owner Zip:																												
Surveyor/Engineer/Contractor:				Phone:		Contractor License Number:																												
Address:		Email:		City:	State:	Zip:																												
Contact Person:		Phone:		Fax:																														
Contact Address:		Email:		City:	State:	Contact Zip:																												
Description of Project:																																		
<p>Plumbing (please indicate the number of new or relocated fixtures)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Bathtub</td> <td style="width: 33%;"><input type="checkbox"/> Medical Gas Piping (# of outlets)</td> <td style="width: 33%;"><input type="checkbox"/> Pool or Spa (circle one)</td> </tr> <tr> <td><input type="checkbox"/> Clothes Washer</td> <td><input type="checkbox"/> Grease Interceptor</td> <td><input type="checkbox"/> Roof Drains</td> </tr> <tr> <td><input type="checkbox"/> Dishwasher</td> <td><input type="checkbox"/> Hose Bibb</td> <td><input type="checkbox"/> Shower</td> </tr> <tr> <td><input type="checkbox"/> Drinking Fountain</td> <td><input type="checkbox"/> Water Heater</td> <td><input type="checkbox"/> Shower/Tub Combo</td> </tr> <tr> <td><input type="checkbox"/> Floor Drain</td> <td><input type="checkbox"/> Kitchen/Bath/Laundry Sinks</td> <td><input type="checkbox"/> Toilet</td> </tr> <tr> <td><input type="checkbox"/> Floor Sink</td> <td><input type="checkbox"/> Modular Building Connection</td> <td><input type="checkbox"/> Urinal</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p><input type="checkbox"/> Water Service (size of pipe _____ inches)</p> <p><input type="checkbox"/> Backflow Preventer: (size _____ inches) <input type="checkbox"/> DCVA <input type="checkbox"/> RPBA</p> <p>Describe: _____</p> <p style="text-align: right;">Total Number of Fixtures _____</p>								<input type="checkbox"/> Bathtub	<input type="checkbox"/> Medical Gas Piping (# of outlets)	<input type="checkbox"/> Pool or Spa (circle one)	<input type="checkbox"/> Clothes Washer	<input type="checkbox"/> Grease Interceptor	<input type="checkbox"/> Roof Drains	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Hose Bibb	<input type="checkbox"/> Shower	<input type="checkbox"/> Drinking Fountain	<input type="checkbox"/> Water Heater	<input type="checkbox"/> Shower/Tub Combo	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Kitchen/Bath/Laundry Sinks	<input type="checkbox"/> Toilet	<input type="checkbox"/> Floor Sink	<input type="checkbox"/> Modular Building Connection	<input type="checkbox"/> Urinal		<input type="checkbox"/> Other _____							
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I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT.

****BY LEAVING THE CONTRACTOR INFORMATION SECTION BLANK, I HEREBY CERTIFY FURTHER THAT CONTRACTORS (GENERAL OR SUBCONTRACTORS) WILL NOT BE HIRED TO PERFORM ANY WORK IN ASSOCIATION WITH THIS PERMIT. (building permits only)**

SIGNATURE OF OWNER / AUTHORIZED AGENT

PRINTED NAME

DATE: ____/____/____