PLUMBING PERMIT APPLICATION

CITY OF COLVILLE BUILDING DEPARTMENT
170 SOUTH OAK, COLVILLE, WA 99114
(509) 684-5096/FAX (509) 684-5030

1. JOB ADDRESS:			
2. OWNER	MAIL ADDRESS:	ZIP:	PHONE:
3. CONTRACTOR:	MAIL ADDRESS:	PHONE:	LICENSE #:
4. ARCHITECT OR DESIGNER:	MAIL ADDRESS:	PHONE:	LICENSE #:
5. ENGINEER:	MAIL ADDRESS:	PHONE:	LICENSE #:
6. USE OF BUILDING:			
7. CLASS OF WORK: ☐ NEW ☐ ADDITION ☐ ALTERATION ☐ REPAIR			
8. DESCRIBE WORK:			

SPECIAL CONDITIONS:		
APPLICATION ACCEPTED BY:	PLANS CHECKED BY:	APPLICATION APPROVED BY:

NUMBER	TYPE OF FIXTURE OR ITEM	FEE	
	Water Closet (Toilet)	$	
	Bathtub	$	
	Lavatory (Wash Basin)	$	
	Shower	$	
	Kitchen Sink & Disposal	$	
	Dishwasher	$	
	Laundry Tray	$	
	Clothes Washer	$	
	Water Heater	$	
	Urinal	$	
	Drinking Fountain	$	
	Floor – Sink or Drain	$	
	Slop Sink	$	
	Gas Systems: Number of Outlets	$	
	Water Piping & Treating Equipment	$	
	Waste Inceptor	$	
	Vacuum Breakers	$	
	Lawn Sprinkler System	$	
	Plumbing or Drainage System	$	
	Permit Fee	$20	00
	Total Fee	$	

I 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. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT

SIGNATURE OF PROPERTY OWNER (IF OWNER BUILDER)