



## Building Division

City of Snoqualmie  
38624 SE River St. | PO Box 987  
Snoqualmie, Washington 98065  
(425) 888-5435 | [www.snoqualmiewa.gov](http://www.snoqualmiewa.gov)

### PLUMBING PERMIT APPLICATION

**\*Internal Use Only\***

**Date Received:** \_\_\_\_\_ **Permit Number:** \_\_\_\_\_

**Project Address:** \_\_\_\_\_

**Brief Description of Work:** \_\_\_\_\_

#### Applicant Information

Owner     Other

Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_

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

#### Designer Information

Architect     Designer     Engineer

Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_

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

#### Contractor

Company Name: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_

State License #: \_\_\_\_\_ Address: \_\_\_\_\_

UBI #: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

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

#### Property Information

Assessor's Parcel Number: \_\_\_\_\_

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Use Zone: \_\_\_\_\_ Flood Zone: \_\_\_\_\_

Legal Description: \_\_\_\_\_

#### Lending or Bonding Information

*Required if a job specific bond equal to at least 50% of the project is acquired or if a lender has security interest in this project*

Name of Institution: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_

**PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION**

# PLUMBING PERMIT APPLICATION WORKSHEET

**Estimated Fair Market Value of Work:** \$ \_\_\_\_\_ *(Include the prevailing fair market value of all labor, materials and equipment, whether actually paid or not, needed to complete the plumbing work.)*

Residential

Commercial

Mixed Use

Multi-Family

## Enter Quantities

*Please Fill All That Apply*

\_\_\_\_ Backflow Protective Device

\_\_\_\_ Grease Trap

\_\_\_\_ Sink

\_\_\_\_ Bathtub/Shower

\_\_\_\_ Medical Gas Piping System

\_\_\_\_ Water Heater

\_\_\_\_ Clothes Washer

\_\_\_\_ New Irrigation System

\_\_\_\_ Water Closet

\_\_\_\_ Dishwasher

\_\_\_\_ Pressure Reducing Valve

\_\_\_\_ Water Piping Repair/Replace

\_\_\_\_ Floor Drain

\_\_\_\_ Roof Drain

\_\_\_\_ Other \_\_\_\_\_

Total # of Fixtures: \_\_\_\_\_

## Building Information

Existing Building Area: \_\_\_\_\_ sq. ft.

Unfinished Basement: \_\_\_\_\_ sq. ft.

New Building Area: \_\_\_\_\_ sq. ft.

Finished Basement: \_\_\_\_\_ sq. ft.

Total Building Area: \_\_\_\_\_ sq. ft.

Attached Garage: \_\_\_\_\_ sq. ft.

Building Height: \_\_\_\_\_ ft.

Decks/Porches: \_\_\_\_\_ sq. ft.

Number of Stories: \_\_\_\_\_

I certify that I am the legal owner or that I am an authorized owner's agent of the property described above. I agree to comply with all city and state laws relating to building construction and hereby authorize representatives of the City of Snoqualmie to enter upon the above-mentioned property for inspection purposes. I declare under penalty of the perjury laws that the information I have provided on this form/application is true, correct and complete.

**Signature of Owner or Agent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Company or Capacity Representing Owner:** \_\_\_\_\_

**Please Print Name:** \_\_\_\_\_