



## 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:** \_\_\_\_\_

*PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION*