



6000 Main St. SW, Lakewood, WA 98499  
Phone: (253) 512-2261

# PLUMBING PERMIT APPLICATION PERMIT # \_\_\_\_\_

**SITE ADDRESS:** \_\_\_\_\_

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

**PROPERTY OWNER/TENANT:** (mandatory)

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax No.: \_\_\_\_\_

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

**APPLICANT:** (mandatory)

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax No.: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Email address: \_\_\_\_\_

**Will the applicant be the contact person?** YES or NO **If other, please specify below:**

Contact person: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

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

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

**CONTRACTOR:** (mandatory)

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax No.: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ License No.: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**TYPE OF BUILDING:** (please circle one) **RESIDENTIAL STRUCTURE** or **COMMERCIAL BUILDING**

**WORK DESCRIPTION:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**❖ PLUMBING UNITS AND FEES LISTED ON OTHER SIDE**

**OFFICE USE ONLY:**

BUSINESS LICENSE #: \_\_\_\_\_ CONTRACTOR BLIC#: \_\_\_\_\_

TITLE: \_\_\_\_\_ BIN #: \_\_\_\_\_

ZONE: \_\_\_\_\_ ZONING USE TYPE: \_\_\_\_\_

DATE PERMIT APPLICATION RECEIVED: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

| <b>PLUMBING PERMIT FIXTURE DESCRIPTION</b> | <b>FEE</b> | <b># UNITS</b> | <b>TOTAL COST</b> |
|--|------------|----------------|-------------------|
| Each Plumbing Fixture With One Trap        | \$10.00    |                |                   |
| Each Water Heater (Electric)               | \$10.00    |                |                   |
| Each Gas Piping From 1 to 5 Outlets        | \$10.00    |                |                   |
| Additional per outlet                      | \$ 2.00    |                |                   |
| Water Piping Alteration or Repair          | \$10.00    |                |                   |
| Drainage or Vent Alteration or Repair      | \$10.00    |                |                   |
| Medical gas system from 1 to 5 outlets     | \$60.00    |                |                   |
| Additional outlets over 5 per each         | \$10.00    |                |                   |
| Miscellaneous (see below)                  |            |                |                   |
|  |            |                |                   |
| <b>PLUMBING FIXTURE FEE:</b>               |            |                |                   |
| <b>PLAN REVIEW FEE:</b>                    |            |                |                   |
| <b>PLUMBING PERMIT FEE</b>                 |            |                | \$28.50           |
|  |            |                |                   |
| <b>TOTAL PLUMBING PERMIT FEE</b>           |            |                |                   |

|  |         |  |  |
|--|---------|--|--|
| Each Building Sewer  | \$18.50 |  |  |
| Each Drain for Indoor Rainwater System                                 | \$10.00 |  |  |
| Each Cesspool (Needs Pierce County Health Department Approval)         | \$30.00 |  |  |
| Each Private Sewage Disposal System (Needs Health Department Approval) | \$50.00 |  |  |
| Each Waste Incinerator   | \$10.00 |  |  |
| Each Backflow Device (Lakewood Water District)                         | \$10.00 |  |  |
| Vacuum Breakers 1 to 5   | \$10.00 |  |  |
| Each Additional  | \$2.00  |  |  |
| Other Systems over 2 inches in diameter                                | \$20.00 |  |  |
| Cross Connection of Reclaimed Water Systems                            | \$40.00 |  |  |
| Graywater System   | \$50.00 |  |  |

**AUTHORIZED AGENT/OWNER SIGNATURE:**

**By affixing my signature hereto, I certify under penalty of perjury that the information furnished herein is true and correct to the best of my knowledge and that I am the owner of the premises where the work is to be performed, or I am acting as the owner's authorized agent. I further agree to hold harmless the City of Lakewood as to any claim (including costs, expenses and attorney's fees incurred in investigation of such claim) which may be made by any person, including the undersigned, and filed against the City of Lakewood, but only where such claim arises out of the reliance of the City, including its officers and employees, upon the accuracy of the information provided to the City as part of this application.**

\_\_\_\_\_  
Signature of Authorized Agent/Owner

\_\_\_\_\_  
Date