



# Plumbing Permit Application

Community Development  
 6000 Main St. SW ♦ Lakewood, WA 98499  
 Phone (253) 512-2261 ♦ permits@cityoflakewood.us

Office use

Permit #: \_\_\_\_\_

Date rec'd: \_\_\_\_\_

<b>PROJECT ADDRESS:</b>	Parcel #:	
<b>TENANT:</b>	Phone:	
<b>APPLICANT:</b>	Phone:	
Address (City, State, Zip):	E-Mail Address:	
<b>OWNER:</b>	Phone:	
Address (City, State, Zip):	E-Mail Address:	
<b>CONTRACTOR*:</b>	Phone:	
Address (City, State, Zip):	License #:	Exp. Date:

*\*Contractor must have a valid City of Lakewood business license prior to doing work in the City*

**TYPE OF BUILDING:**  Residential or  Commercial

**VALUATION OF PROJECT:** \$ \_\_\_\_\_

PLUMBING EQUIPMENT	#		#
Plumbing fixtures (# of traps)		Building Sewer	
Hot Water tanks		Cesspool (requires TPCH approval)	
Vacuum Breakers (or check valves)		Private sewage system (requires TPCH approval)	
Rainwater drains (within building)		Backflow device for lawn sprinklers	
Backflow devices for other systems >2" in diameter		Repair or alteration of drainage or vent	
Water piping or water treating system		Medical gas system outlets	
Waste interceptor traps		Gas piping outlets	
Gray water system			

Other (specify): \_\_\_\_\_

*I hereby certify that the information provided is correct and that the construction on the above described property, the occupancy, and use will be in accordance with the laws, rules, and regulations of the State of Washington and the Lakewood Municipal Code. I agree to hold harmless the City of Lakewood as to any claim incurred as a result of this work.*

Print Name: \_\_\_\_\_  Owner  Agent/Other(specify): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_