

**PLB-20** \_\_\_\_\_ - \_\_\_\_\_ **\$** \_\_\_\_\_

# PLUMBING PERMIT

**Property Address** \_\_\_\_\_ **Parcel ID#** \_\_\_\_\_

Residential  Commercial  **Business Name** \_\_\_\_\_

**Property Owner** \_\_\_\_\_

Mailing address \_\_\_\_\_

Phone \_\_\_\_\_ **e-mail** \_\_\_\_\_

**Plumbing Contractor** \_\_\_\_\_

Mailing address \_\_\_\_\_

Phone \_\_\_\_\_ **e-mail** \_\_\_\_\_

City of Kennewick License # \_\_\_\_\_ Exp. Date \_\_\_\_\_

WA State Contractors License # \_\_\_\_\_ Exp. Date \_\_\_\_\_

## PROJECT INFORMATION

**Description of Work** \_\_\_\_\_

\_\_\_\_\_ **Valuation \$** \_\_\_\_\_

| Applies to Residential only                |     | Potable water piping   | Yes |
|--|-----|------------------------|-----|
| Sewer line                                 | Yes | #of gas piping outlets | #   |
| Water line                                 | Yes | Gas Line               | #   |
| Ground work rough-in                       | Yes | Medical Gas Line       | #   |
| Ground work Plumbing #of stubs             | #   | Water Heater           | #   |
| #of plumbing fixtures                      | #   | Drain/Vent each        | #   |
| Grease interceptor (sizing calcs required) | Yes | Sand Oil Separator     | Yes |
| Gallons of grease interceptor              | #   | Roof Drains            | #   |

**It is the responsibility of the applicant to provide all necessary information required for review. Please verify that all sections applicable to the proposed project have been completed in order to prevent any delay in plan review. Incomplete applications will be returned.**



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**Applicant Signature**

Date Received Stamp