



PLUMBING PERMIT APPLICATION

Permit #: _____

**** All applicaton items in BOLD must be completed ****

Incomplete applications will be denied.

S T A M P

Submit completed application to: PermitSubmittal@FranklinCountyWA.gov

Site Address _____ **City** _____ **State** _____ **Zip Code** _____

Parcel Number _____ **Legal Description** _____

Building Owner _____ **Current Address** _____ **City, State** _____ **Zip Code** _____ **Phone #** _____

Property Owner _____ **Mailing Address** _____ **City, State** _____ **Zip Code** _____ **Phone #** _____

Contractor _____ **Business Address** _____ **City, State** _____ **Zip Code** _____ **Phone #** _____

Email Address _____ **UBI Number** _____ **WA Contractor License #** _____ **Expiration Date** _____

After review of your plans, the Building Department may have comments or requests for additional information that are required prior to issuance of your building permit. These comments can be emailed or mailed to you.

Please mark the preferred method of contact, provide the necessary information, and print clearly.

- E-Mail Address (Contractor): _____
- E-Mail Address (Owner): _____
- Current Mailing Address: _____

<u>Valuation of Project</u>

Project Information (select all that apply):					
<i>Residential Only</i>	# of units	<i>Residential & Commercial</i>	# of units	<i>Commercial</i>	# of units
Bathroom Sink <input type="checkbox"/>	_____	Utility Sink <input type="checkbox"/>	_____	Urinal <input type="checkbox"/>	_____
Bathtub <input type="checkbox"/>	_____	Water Heater (Hybrid) <input type="checkbox"/>	_____	Grease Trap <input type="checkbox"/>	_____
Toilet <input type="checkbox"/>	_____	Water Heater (Elec.) <input type="checkbox"/>	_____	Floor Drain <input type="checkbox"/>	_____
Rough-in <input type="checkbox"/>	_____	Water Piping <input type="checkbox"/>	_____	Water Fountain <input type="checkbox"/>	_____
Kitchen Sink <input type="checkbox"/>	_____	Water Softener <input type="checkbox"/>	_____	Oil/Water Separator <input type="checkbox"/>	_____
Shower Head <input type="checkbox"/>	_____	Dishwasher <input type="checkbox"/>	_____	Other* <input type="checkbox"/>	_____
Clothes Washer <input type="checkbox"/>	_____	Drain Line <input type="checkbox"/>	_____	Other* <input type="checkbox"/>	_____
Other* <input type="checkbox"/>	_____	Vent Piping <input type="checkbox"/>	_____	Other* <input type="checkbox"/>	_____
*If "Other", please specify: _____					# of Units: _____

Scope of Work/Additional Comments: _____

OFFICE NOTES:

Rev. 0 (8/2023)