



CASH OR CHECK ONLY PLEASE

CITY OF LACEY

Community and Economic Development Department
420 College Street SE
Lacey WA 98503
(360) 491-5642

PLUMBING PERMIT APPLICATION

Type of Permit (check one): RESIDENTIAL COMMERCIAL

Project Address: _____ Suite: _____ Parcel Number: _____

TENANT: _____

SCOPE OF WORK:

OWNER:		Phone Number:	
Address:	City:	State:	Zip:
CONTACT PERSON:		Business:	
Phone Number:	Cell Phone:	Email:	

PLEASE LIST QUANTITY OF FIXTURES BELOW:

- | | | |
|-----------------------|------------------------|------------------------------|
| _____ WATER CLOSETS | _____ ROOF DRAINS | _____ DRINKING FOUNTAINS |
| _____ BATH TUBS | _____ WATER PIPING | _____ AV BREAKERS |
| _____ SHOWERS | _____ SIDE SEWERS | _____ GREASE INTERCEPTORS |
| _____ LAVATORIES | _____ FLOOR DRAINS | _____ MISC.PLUMBING FIXTURES |
| _____ CLOTHES WASHERS | _____ FLOOR SINKS | _____ GREASE TRAPS |
| _____ LAUNDRY TUBS | _____ URINALS | _____ BACKFLOW UP TO 2" |
| _____ SINKS | _____ SUMPS | _____ BACKFLOW OVER 2" |
| _____ DISHWASHERS | _____ DWV ALTER/REPAIR | _____ GAS OUTLETS |
| _____ WATER HEATERS | _____ LAWN SPRINKLER | |

Plumbing Contractor:		Phone:	Email:
Address:	City:	State:	Zip:
Contractor's License No.	Exp:	City Bus. Reg.	

I hereby certify that the above information is correct and that the construction on, and the occupancy and the use of the above described property will be in accordance with the laws, rules and regulations of the State of Washington.

Applicant's Signature _____ Print Applicant's Name _____ Date _____