

PLUMBING PERMIT APPLICATION



City of White Salmon
P.O. Box 2139 / 100 N Main
White Salmon, WA 98672
509-493-1133 fax 509-493-1231

PERMIT #	
DATE RECEIVED:	
DATE ISSUED:	
Zoning approval verified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sanitation approval verified?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.

CONSTRUCTION CATEGORY	
<input type="checkbox"/> Residential <input type="checkbox"/> Government <input type="checkbox"/> Commercial	
JOB SITE INFORMATION & LOCATION	
Job site address:	
City/State/Zip:	
Project Name:	
Directions to job site:	
Subdivision:	Lot#:
DESCRIPTION OF WORK	
PROPERTY OWNER INSTALLATION	
Name:	
Address:	
City/State/Zip:	
Phone: ()	Fax: ()
e-mail:	
<input type="checkbox"/> The installation is being made on residential or farm property owned by me or a member of my immediate family	
Signature: _____	
CONTRACTOR INSTALLATION	
Business Name:	
Address:	
City/State/Zip:	
Phone: ()	Fax: ()
e-mail:	
<input type="checkbox"/> Contractor CCB License #:	
<input type="checkbox"/> BCD License #:	
Signature: _____	
Print Name: _____	

FEE SCHEDULE			
	Fee	# of Items	Total
Residential			
New Single Family Dwelling 1 bath (includes 100' water/serwer)	\$ 210.00	_____	_____
Add'l Bath	\$ 75.00	_____	_____
Add'l Kitchen	\$ 50.00	_____	_____
Add'l 100' of sewer/water	\$ 30.00	_____	_____
Remodel/alteration per fixture	\$ 20.00	_____	_____
Commercial, Industrial & Dwellings other than (1) or (2) Family			
Base fee (incl. up to (3) fixtures	\$ 60.00	_____	_____
Each fixture beyond the first (3)	\$ 20.00	_____	_____
Site utilities ea. 100' or part thereof	\$ 30.00	_____	_____
Miscellaneous Fees			
Residential fire sprinkler	\$ 150.00	_____	_____
Indirect wastes	\$ 50.00	_____	_____
Specialty fixtures	\$ 50.00	_____	_____
Backflow devices	\$ 50.00	_____	_____
Re- Inspection	\$ 85.00	_____	_____
Special requested inspection(s)/hr	\$ 85.00	_____	_____
Medical Gas Piping			
Base fee	\$ 225.00	_____	_____
Each inlet/outlet	\$ 1.00	_____	_____
Sub-Total (add up above fees - minimum fee \$50.00):			
Investigative Fee (equal to [A])		_____	[A]
Plan review, if required (50% of [A])		_____	[B]
Other Miscellaneous fees		_____	[C]
		_____	[D]
TOTAL			_____