

PLB-20 _____ - _____ \$ _____

PLUMBING PERMIT APPLICATION

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.



Applicant Signature

Date Received Stamp