

BUILDING INSPECTION DEPARTMENT

PLUMBING PERMIT APPLICATION

City of Seattle
 440 2nd Ave. S.W.
 Seattle, WA 98104
 206-465-2000
 206-465-4600 fax

Phone Call Required
 Inspection and Permit Service
 206-465-4600

Office Use Only
 Permit No. _____

Job No. _____
 Project Name _____ Submitted By _____
 Project Address _____ Location Area No. _____
 Project Type: New Alter Reconnect

PROPERTY OWNER
 Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____

CONTRACTOR
 Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____

CLASS OF WORK
 New Supply Utility Other Repair

<p>TYPE OF WORK</p> <p><input type="checkbox"/> Sewer</p> <p><input type="checkbox"/> Storm</p> <p><input type="checkbox"/> Water</p> <p><input type="checkbox"/> Gas</p> <p><input type="checkbox"/> Heating</p> <p><input type="checkbox"/> Cooling</p> <p><input type="checkbox"/> Other</p>	<p><input type="checkbox"/> Water Supply</p> <p><input type="checkbox"/> Sewer</p> <p><input type="checkbox"/> Storm</p> <p><input type="checkbox"/> Gas</p> <p><input type="checkbox"/> Heating</p> <p><input type="checkbox"/> Cooling</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Mechanical</p>	<p><input type="checkbox"/> Hot Water</p> <p><input type="checkbox"/> Hot Gas</p> <p><input type="checkbox"/> Water Supply</p> <p><input type="checkbox"/> Sewer</p> <p><input type="checkbox"/> Storm</p> <p><input type="checkbox"/> Gas</p> <p><input type="checkbox"/> Heating</p> <p><input type="checkbox"/> Cooling</p> <p><input type="checkbox"/> Other</p>
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(attach additional information as needed)

General Mark: _____

Ranking: _____

Rating: _____

Vertical: _____

Horizontal: _____

Sea Number: _____

Related Sample Size: _____

Description of work to be done: _____

**ADDITIONAL PAGES FOR ADDITIONAL COMMENTS,
AND APPROVALS AND ASST APPROVALS.**

I hereby apply for a planning permit and acknowledge that the information herein is true and correct. I am the owner of the land and I warrant that the information and data provided herein is true and correct. I warrant that the information and data provided herein is true and correct. I warrant that the information and data provided herein is true and correct. I warrant that the information and data provided herein is true and correct.

APPLICANT SIGNATURE

DATE

APPLICANT'S PROPERTY LISTINGS

No.	Location Town	Property Area	Rating Area
1			
2			
3			

APPLICANT'S NAME

APPLICANT'S ADDRESS
AND CONTACT INFORMATION

Home

Office

Other

Day

Night

PHONE

FAX

APPLICANT'S CONTACT INFORMATION

Yes

No

Yes

No

Yes

No

APPLICANT'S CONTACT INFORMATION

Yes

No

APPLICANT'S CONTACT INFORMATION

DATE