



PO Box 2007 1300 First St
 Cosmopolis, WA 98537
 Phone 360 532-9230/ Fax 360 532-9215

RESIDENTIAL PLUMBING PERMIT APPLICATION

This document is not the permit. The Plumbing permit will be issued to you after this application is received. The permit will designate the inspections necessary to have your permit approved.

Owner's Name: _____ Phone: _____
 Site Address: _____ City: _____ State: _____ Zip: _____

Contractor's Name: _____ Phone: _____
 License Number: _____ Exp Date: _____

Water Source: Public Private Well Multi-party well
 Sewage Disposal*: Public Sewer Private Septic* Other _____

* An accepted Building Site Application or Building Clearance may be required from the Grays Harbor County Health Dept

- Permit Fee:**
1. Enter quantity of fixtures in the table below
 2. Determine cost of fixtures
 3. Determine cost of Installation
 4. Add cost of fixtures and installation to enter project valuation

Project Valuation: \$ _____

Indicate Quantity and Fixture Types Below

Quantity	Fixture Type	Description
	Clothes Washer	Clothes Washing Machine
	Dishwasher	Dishwasher
	Drain	Floor Drain, Catch Basins, Sump, Roof
	Hose Bib	Hose Bib
	Lawn Sprinkler	Sprinkler System w/backflow prevention
	Sinks	Lavatory, Kitchen, Mop & Bar Sinks
	Tub/Shower	Tubs and/or Showers
	Water Closet	Water Closet/Urinal
	Water heater	Water heater
	Disposal Units	Garbage Disposal
	Drinking Fountain	Drinking Fountain
	Vacuum Breaker	Vacuum Breaker
	Grease Trap	Grease Trap

I hereby certify that I have read and examined this application and know that the information contained herein is true and correct. I also certify that I am the owner (or owner's authorized agent) of this property and that all work shall be performed in accordance with all state and local laws regulating the project proposed by this application.

OWNER OR AGENT: _____ **Date:** _____