

CITY OF CHELAN
PLUMBING PERMIT APPLICATION
 OFFICE OF COMMUNITY DEVELOPMENT
 P.O. BOX 1669, 135 E. JOHNSON
 CHELAN, WA 98816
 (509) 682-8017 or (509) 682-8050 (FAX)

DATE APPLIED

PERMIT NO.

JOB SITE ADDRESS

JOB SITE PHONE

NATURE OF WORK

FUEL: WOOD ELEC
 OIL LPG

TYPE OF CONSTRUCTION:

- | | | | |
|--|---|---|--------------------------------------|
| <input type="checkbox"/> New Commercial | <input type="checkbox"/> Commercial Alteration | <input type="checkbox"/> Commercial Addition | <input type="checkbox"/> Foundation |
| <input type="checkbox"/> New Residential | <input type="checkbox"/> Residential Alteration | <input type="checkbox"/> Residential Addition | <input type="checkbox"/> Mobile Home |
| <input type="checkbox"/> Multi-Family | <input type="checkbox"/> Demolition | <input type="checkbox"/> Tenant Improvements | <input type="checkbox"/> Other |

APPLICANT NAME:

TELEPHONE:

DAY (____) _____

MAILING ADDRESS: (STREET, P.O., CITY, STATE, ZIP)

CELL (____) _____

OWNER'S NAME:

TELEPHONE:

DAY (____) _____

MAILING ADDRESS: (STREET, P.O., CITY, STATE, ZIP)

CELL(____) _____

CONTRACTOR'S NAME: (copy of contractor's registration card required):

TELEPHONE:

DAY (____) _____

MAILING ADDRESS: (STREET, P.O., CITY, STATE, ZIP)

CELL(____) _____

CONTRACTOR'S LICENSE NO.

LICENSE EXPIRATION DATE:

CITY LICENSE NO.

#	Equipment	Fee	#	Equipment	Fee
	Water Closet			Mop Sink	
	Bath Tub			Drinking Fountain	
	Shower			Urinal	
	Lavatory (Wash Basin)			Floor Sink	
	Kitchen Sink & Disposal			Floor Drain	
	Dishwasher			Interceptor	
	Clothes Washer			Trap/Separator	
	Water Heater				
	Laundry Tray				
	Hose Bibs				
	Building Sewer				
				Sub Total	
				Permit Fee	
				Total	

Applicant: Please indicate the number of installed components in the above table.

I hereby certify that I will pay all fees as required by law. I also hereby certify under penalty of perjury under the laws of the State of Washington that the above answers are true and complete to the best of my knowledge. I understand that the lead agency is relying on them to make its decision.

_____ Date Submitted: _____

_____ Date Submitted: _____

Applicant Signature

Authorized Agent Signature

Print Name _____

Print Name _____

Place Where Signed: _____, WA

Place Where Signed: _____, WA

