



801 – 228<sup>th</sup> Avenue SE • Sammamish, WA 98075 • Phone: 425-295-0500 • Fax: 425-295-0600 • web: www.ci.sammamish.wa.us

PERMIT NUMBER							

## Plumbing/Mechanical Permit Application

Plumbing	Mechanical	Both
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### PROPERTY/PROPERTY OWNER INFORMATION

Property Address:	
City/State/Zip:	
Tax Parcel No:	
Legal Description:	Zoning:

### APPLICANT INFORMATION

Name:	Phone:
Mailing Address:	City/State/Zip:
Email:	Cell:

### CONTRACTOR INFORMATION

Contractor Name:	Phone/Fax:
Contractor Address:	City/State/Zip:
Email:	Cell:
Contractor's Labor and Industries Registration Number: _____	

### HOMEOWNER INSTALLER ONLY:

I hereby certify that I am the owner of the property described in this application. I understand that the work is subject to inspection and approval by the City of Sammamish and that I may not allow any other person, including a licensed contractor, to do any work under this permit.

Signature of Owner	Date:
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### FIXTURE COUNT SCHEDULE OF WORK

<input type="checkbox"/> Air Conditioner/Unit Cooler <input type="checkbox"/> Gas Piping# of Outlets <input type="checkbox"/> Barbecue <input type="checkbox"/> Boiler/Compressor<100,000BTU <input type="checkbox"/> Boiler/Compressor>100,000BTU <input type="checkbox"/> Boiler/Compressor>500,000<1,000,000BTU <input type="checkbox"/> Clothes Dryer <input type="checkbox"/> Duct Extensions (per Zone) <input type="checkbox"/> Earthquake Valve <input type="checkbox"/> Forced Air Furnace<100,000BTU <input type="checkbox"/> Forced Air Furnace>100,000BTU <input type="checkbox"/> Bath or Laundry Exhaust Fan <input type="checkbox"/> Fireplace or Wood Stove <input type="checkbox"/> Gas Cook Top/Stove <input type="checkbox"/> Gas Log/Lighter/Insert	<input type="checkbox"/> Gas Water Heater <input type="checkbox"/> Generator <input type="checkbox"/> Hydronic Heat Piping <input type="checkbox"/> Commercial (per zone) <input type="checkbox"/> Hydronic Heat Piping <input type="checkbox"/> Residential (flat fee) <input type="checkbox"/> Heat Pump <input type="checkbox"/> Haz Piping # of Outlets <input type="checkbox"/> Pool or Spa Heater <input type="checkbox"/> Unit Floor or Wall Heater <input type="checkbox"/> Kitchen and/or Whole <input type="checkbox"/> House Fan <input type="checkbox"/> Other	<input type="checkbox"/> Backflow Preventer 2" or less <input type="checkbox"/> Backflow Preventer 3" or more <input type="checkbox"/> Bidet <input type="checkbox"/> Pressure Reducing Valve <input type="checkbox"/> Interior Roof Drain <input type="checkbox"/> Shower <input type="checkbox"/> Drinking Fountain <input type="checkbox"/> Dishwasher <input type="checkbox"/> Hot Water Heater <input type="checkbox"/> Floor Drain <input type="checkbox"/> Grease Trap <input type="checkbox"/> Hose Bib (each) <input type="checkbox"/> Ice Maker <input type="checkbox"/> Laundry Tub <input type="checkbox"/> Bathroom Sink	<input type="checkbox"/> Bathtub <input type="checkbox"/> Clothes Washer <input type="checkbox"/> Sink <input type="checkbox"/> Urinal <input type="checkbox"/> Drain <input type="checkbox"/> Toilet (Water Closet) <input type="checkbox"/> Other Fixtures describe:
<b>Total Mechanical Fixtures:</b> _____		<b>Total Plumbing Fixtures:</b> _____	

SMC 16.20.235 Every permit shall expire 1 year from date of issuance.

***I hereby certify that I have read and examined this application and know the same to be true and correct.***

Signature of Owner or Authorized Agent	Date:
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