

NON-RESIDENTIAL FIXTURE COUNT FORM

ABOUT THE FIXTURE COUNT FORM

The fixture count form is required for addition and remodel permits.

The information provided in the fixture count is only for NEW or RELOCATED fixtures.

Submittal Instructions

Complete & save this form before uploading it to MyBuildingPermit.com in the "File Upload" section along with the rest of the submittal documents.

Questions?

[Visit the Permit Center](#)

City of Sammamish
801 228th Ave SE
Sammamish, WA 98075
www.sammamish.us

NON-RESIDENTIAL FIXTURE COUNT FORM

OWNER/APPLICANT INFORMATION

Name: _____ Company: _____
(if applicable)

Phone: _____ E-Mail: _____

FIXTURE COUNTS

Please provide the below for all new or relocated fixtures.

New/Relocated Mechanical Fixtures

- _____ Air Handling Unit
- _____ Barbeque
- _____ Boiler/Compressor <500K BTU
- _____ Boiler/Compressor >500K BTU
- _____ Clothes Dryer
- _____ Commercial Kitchen Exhaust Hood
- _____ Duct Work Only
- _____ Earthquake Valve
- _____ Exhaust Fan (with duct)
- _____ Floor/Wall/Unit Heater
- _____ Forced Air Furnace <160K BTU
- _____ Forced Air Furnace >160K BTU
- _____ Gas Log/Log Lighters
- _____ Gas Oven/Cook Top
- _____ Gas Piping
- _____ Gas Water Heater
- _____ Hazardous Piping (1-4 outlets)
- _____ Heat Pump
- _____ Hydronics
- _____ Misc. Appliance Vent
- _____ Pool or Spa Heater
- _____ Whole House Fan (with duct)
- _____ Wood Stove/Fireplace Insert
- _____ **Total Mechanical Fixtures**

New/Relocated Plumbing Fixtures

- _____ Backflow Preventor < 2"
- _____ Backflow Preventor > 2"
- _____ Bathtub
- _____ Bathroom Sink
- _____ Bidet
- _____ Clothes Washer
- _____ Dishwasher
- _____ Drinking Fountain
- _____ Floor Drain
- _____ Hose Bib
- _____ Hot Water Heater (Electric)
- _____ Ice Maker
- _____ Laundry Tub
- _____ Pressure Reducing Valve
- _____ Roof Drain
- _____ Shower
- _____ Sink
- _____ Toilet
- _____ Urinal
- _____ Other _____
- _____ Other _____
- _____ **Total Plumbing Fixtures**