



Building Department
 21630 11th Avenue South, Suite D
 Des Moines, WA 98198
 (206)870-7576 fax:(206)870-6544
 www.desmoineswa.gov

Multi-family / Commercial
Plumbing Permit Application

Project Name: _____ **Project Address:** _____
Complex/Park Name: _____ **Unit/Space Number:** _____

Contractor **Name:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Email: _____ **Phone:** _____ **Fax:** _____
WA Contractor License #: _____ **Des Moines Business License #:** _____

Building Owner **Name:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Email: _____ **Phone:** _____ **Fax:** _____

Scope of Work: _____

Permit fees for all commercial projects are valuation based. Please be prepared to provide a copy of your bid.

Type	Cost per unit	Number of units	Total per line
Permit Fee (insert project valuation in the box)	See Permit Fee Table	Valuation	
Plan Review Fee (put a check in the box if plan review is required)	See Permit Fee Table	<input type="checkbox"/> check if required	
Other:			
Automation Fee (Required) - See Automation Fee Schedule			
		Total Permit Fee	

Plumbing plan review is required for all new or altered commercial and multi-family plumbing projects.

A complete submittal for plan review requires the following items:

1. A completed and signed Plumbing Permit application.
2. Two sets of plans containing the following information:
 - a) Floor plans showing location of all existing and proposed added plumbing and fixtures.
 - b) A fixture unit calculation and sizing for the water service piping
 - c) A fixture unit calculation and sizing for the waste and vent.
 - d) A complete isometric diagram of the installation
 - e) A complete diagram of gas piping included sizing calculations.
 - f) Any other information required by the Building Department

For all work done within the City of Des Moines, please use Location Code 1709 in reporting and/or remitting to the State all related sales and use taxes

Applicant: Owner Owner's Agent Contractor Contractor's Agent

I hereby certify that I have read and examined this application and know the same to be true and correct, and agree to comply with City ordinances and State laws regulating the performance of construction. I certify that I am either the owner of the property described on this permit application, the Washington State licensed Contractor responsible for the work, or I represent the owner or contractor as signified above, and am acting with the owner's/contractor's full knowledge or consent.

Print name of Applicant

Date: _____

Applicant's signature

Application expires 180 days from date of application
Permit expires 180 days from date of issuance or last inspection