Plumbing Permit Application:



Commercial, Multi-Family & Industrial

Submit to: eplans@cityofvancouver.us Questions? 360-487-7833 | ePlans

| NOTE: A maximum of two inspections are provided per permit. Additional inspections will be subject to trip fee assessment. | | | | | | | | | | | | | |
|---|---|----------|-----------------------|---|-------------------------------|------------------------|-----------------------------|------|---|-----------------------|--------------------------|-------------------------|--|
| JOB SITE LOCATION Address: | | | | | | | | | | | | | |
| CATEGORY OF CONSTRUCT | | | ION | | Commercial | | 🗌 Industrial | | Multi-Family | | | | |
| | | 🗌 New Ir | lew Installation | | Alteration/Replacen | | nent 🗌 Demolitic | | Other (specify) | | | | |
| JOB VALUATION \$ | | | 1 | | | | PROJECT NAM | | NE | | | | |
| DESCRIPTION OF SCOPE OF WORK | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| SITE UTILITIES | | | | | | | FIXTURE OR ITEM | | | | | | |
| C | Catch Basin | | | Sanitary S | ervice (1 st 100') | Absorption va | | alve | Ejectors/sump pump | | lce maker | | |
| Di | Drywell, leach line, trench drain | | | Sanitary Service (Each additional 100') | | | Backflow preventer | | | Expansion tank | | Grease Interceptor/trap | |
| м | Manholes | | | Storm Service (1 st 100') | | | Backwater valve | | | Fixture/sewer cap | | Primer | |
| Ro | Rain drain Connector | | | Storm Service (Each additional 100') | | | Clothes Washer | | | Floor drain/ sink/hub | | Rain Drain | |
| Fo | Footing drain (1 st 100') | | | Water Service | | | Dishwasher | | Garbage disposal | | | Sink/ basin/Lavatory | |
| Fo | Footing drain (Each additional 100') | | | Water Service (Each additional 100') | | | Drinking fountain | | Hose Bib | | | Tub/Shower/Pan | |
| | | | | | | | Urinal | | Water Closet | | | Water heater (Elec) | |
| MEDI | MEDICAL GAS SYSTEMS | | | | | | | | | | | | |
| \$1 - \$5,000 valuation \$5,001 - \$10,000 valuation | | | | | | | \$10,001 and over valuation | | | | | | |
| ANNUAL PERMIT FOR COMMERCIAL & INDUSTRIAL LOCATIONS | | | | | | | | | | | | | |
| | 1-3 plant plumbers (up to 6 inspections) 4-6 plant plumbers (| | | | | up to 24 inspections) | | | 13-35 plant plumbers (up to 52 inspections) | | | | |
| 1-3 plant plumbers (up to 12 inspections) 7-12 plant plumb | | | | | 7-12 plant plumbers | (up to 36 inspections) | | | 25+ plant plumbers (up to 75 inspections) | | | | |
| PLUMBING CONTRACTOR License Required RCW 18.106.440 | | | | | | | | | | | | | |
| Busine | ss Name: | | WA Plumbing License # | | | | | | | | | | |
| Contact Name: | | | | | | | Email: | | | | | | |
| Address/City/State/Zip: | | | | | | | | Phon | one: | | | | |
| OWNER | | | | | | | | | | | | | |
| Name: | | | | | | | Email: | | | | | | |
| Address/City/State/Zip: | | | | | | | Phone: | | | | | | |
| ELECTRONIC PLANS SUBMITTER (Required) For more information visit Getting Started with ePlan | | | | | | | | | | | <u>irted with ePlans</u> | | |
| | | | | | | | Email (Required): | | | | | | |
| Address/City/State/Zip: | | | | | | Phone: | | | | | | | |
| ONLINE PAYMENT Request an ePermits Account | | | | | | | | | | | | | |
| Existing ePermits Username: REQUIRED SIGNATURES | | | | | | | | | | | | | |
| A complete application form, submittal documents and required information as set forth in VMC 17.08.100 must be submitted to obtain a permit. If it is determined that the application is not complete and/or the application fees have not been paid, the City may reject the application and plan review will not begin. It is the responsibility of the applicant/owner to comply with all private conditions, covenants, and restrictions (CC&R's) associated with this property. As evidenced by my signature below, I/we agree that City of Vancouver staff has my/our full permission to enter upon the subject property at any reasonable time to consider the merits of the application, to take photographs and to post public notices. | | | | | | | | | | | | | |
| Applicant Signature: | | | | | | | Date: | | | | | | |
| Property Owner Signature: | | | | | | Date: | | | | | | | |