Plumbing Permit Application: Residential



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

NOTE: A maximum	of two insp	ections are	provided per permit.	Add	ditional ins	pection	ns wil	be subject to tr	rip fee assessment.	
JOB SITE LOCATION	N Addr	ess:								
CATEGORY OF CONSTRUC		ON	Single Family	☐ Multi-Family		nily	☐ Accessory Building			
TYPE OF WORK New Inst		Installation Alteration/Replace		ment Demolition		n Other (specify)				
JOB VALUATION	\$				PROJECT NA			ME		
DESCRIPTION OF S	COPE OF V	WORK								
SITE UTILITIES				FIX.	TURE OR I	TEM				
Catch Basin		Sanitary Service (1st 100')			Absorption valve		Ejectors/sump pump		lce maker	
Drywell, leach line, trench drain		Sanitary Service (Each additional 100')			Backflow preventer		Expansion tank		Grease Interceptor/trap	
Manholes		Storm Service (1st 100')			Backwater valve		Fixture/sewer cap		Primer	
Rain drain Connector		Storm Ser	rm Service (Each additional 100')		Clothes Washer		Floor drain/ sink/hub		Rain Drain	
Footing drain (1st 100')		Water Se	Water Service		Dishwasher		Go	arbage disposal	Sink/ basin/Lavatory	
Footing drain (Each additional 100')		Water Se	Water Service (Each additional 100')		Drinking fountain		Но	se Bib	Tub/Shower/Pan	
					Urinal	al		ater Closet	Water heater (Elec)	
MEDICAL GAS SYST	EMS									
\$1 - \$5,000 valuation \$5,001 -			01 - \$10,000 valuation	- \$10,000 valuation \$10,0			001 and over valuation			
ANNUAL PERMIT FO	OR COMME	CIAL & IND	USTRIAL 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 plumbers (up to 36 inspection			s)	25+ plant plumbers (up to 75 inspections)			
PLUMBING CONTI	RACTOR Lie	cense Requir	ed RCW 18.106.440				1			
Business Name:					WA Plumbing License #					
Contact Name:				Email:						
Address/City/State/	[/] Zip:						Phone:			
OWNER										
Name:					Email:					
Address/City/State/Zip:				Phone:						
ELECTRONIC PLANS SUBMITTER (Required)					For more information visit Getting Started with ePlans					
Name:					Email (Required):					
Address/City/State/Zip:								Phone:		
ONLINE PAYMENT	T <u>Requ</u>	<u>jest an ePer</u>	mits Account							
Existing ePermits Use	rname:									
REQUIRED SIGNA	TURES									
application is not complete applicant/owner to comply	and/or the app with all private	olication fees hav conditions, cove		reject s) asso	the application ociated with thi	and plans sproperty	n review v. As ev	will not begin. It is the idenced by my signature		
Applicant Signature:					Date:					
Property Owner Signature:				Date:						