



# Application for Plumbing Permit

Public Works  
Building and Land Use Services

Submit by e-mail or mark "PERMIT" and mail to:  
**City of Tacoma**  
Public Works Department  
747 Market Street, Room 345  
Tacoma, WA 98402-3769  
Ph (253) 591-5030  
Fax (253) 591-5433

To be installed at \_\_\_\_\_ Date \_\_\_\_\_

Owner of building \_\_\_\_\_ Address \_\_\_\_\_

Contractor \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Application is hereby made for permit to do the following work:  Commercial  Residential

New work  Replacement

Quantity		Quantity	
	Water closet		Urinal
	Basin		Drinking fountain
	Bath tub		Floor drain
	Shower		Sump
	Sink		Water heater
	Wash tray		Floor sink
	Automatic washer		Roof drains
	Vacuum breaker		Grease trap
	Dishwasher		3-comp sink
	B. W. valve		2-comp sink
	Backflow preventer		Medical gas

Electric to Electric  
Electric to Gas  
Gas to Gas

Please bill to my Credit Card on file

### REGISTERED

I CERTIFY THAT THE APPLICANT HAS FULLY COMPLIED WITH THE REQUIREMENTS OF THE STATE OF WASHINGTON.  
GENERAL CONTRACTOR'S LICENSE NO: \_\_\_\_\_

Signature \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

**ALL WORK WILL BE STOPPED IF PERMIT IS NOT POSTED ON THE JOB.**

By submitting this application, I hereby certify that the foregoing is correct to the best of my knowledge.

Submit to: [permitplandesk@cityoftacoma.org](mailto:permitplandesk@cityoftacoma.org)