



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
(253) 591-5030

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

REGISTERED

I CERTIFY THAT THE APPLICANT HAS FULLY COMPLIED WITH THE REQUIREMENTS OF THE STATE OF WASHINGTON.

GENERAL CONTRACTOR'S LICENSE NO: _____

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