



City of Puyallup

Application for Plumbing Permit

Building Division
333 S. Meridian
Puyallup, WA 98371
Tel: (253) 864-4165 Fax: (253) 840-6678
permitcenter@puyallupwa.gov

Estimated Project Value: \$191,597.00

Parcel #: 0419034038	Site Address: 1015 39th Avenue SE, Puyallup WA 98374
Owner: BENAROYA CAPITAL COMPANY LLC	Owner Phone #:
Owner Address: 18300 CASCADE AVE S STE 220	City: SEATTLE Zip: 98188
Contractor Name: MacDonalD Miller Facility Solutions	Contractor Phone #: 206-768-4062
Contractor Address: PO Box 47983	City: Seattle Zip: 98146
WA State License #: MACDOFS798P9	Exp. Date: 07/01/23 City Business License #: 2003193
Contact Person: Ammone Bemby	Contact Email: permits@macmiller.com
Contact Phone #: 206-768-4062	Fax #:

MINIMUM SUBMITTAL REQUIREMENTS FOR COMMERCIAL PROJECTS: ONE SIGNED APPLICATION TWO SETS OF PLUMBING DETAIL DRAWINGS (FIXTURE LAYOUT AND ISOMETRIC) WITH FIXTURE UNITS AND SIZES AS REQUIRED PLAN REVIEW FEE REQUIRED AT TIME OF SUBMITTAL EQUIPMENT SCHEDULE REQUIRED ON ALL PLANS **PLUMBING FIXTURE WORKSHEET**

A water availability/approval letter shall be submitted with this application for any property located outside the city's water service area. To confirm your water service area, please contact Engineering Services at (253) 841-5577.
Fruitland Mutual Water (253) 848-5519 - Valley Water (253) 841-9698 - Tacoma Water (253) 502-8600

PROJECT DESCRIPTION: (13) WATER CLOSETS, (3) URINALS, (8) LAVATORIES, (2) SHOWERS, (2) FLOOR DRAINS W/ TRAP PRIMERS, (1) JANITOR SINK, (1) DUAL HEIGHT DRINKING FOUNTAIN, (3) SINKS, (2) HUB DRAINS W/ TRAP PRIMERS, (2) WATER CONNECTIONS TO REFRIGERATORS, (2) WATER CONNECTIONS TO COFFEE MAKERS W/ REDUCED PRESSURE BACKFLOW PREVENTERS, (1) WATER HEATER WITH RECIRC PUMP AND EXPANSION TANK. RELOCATE (1) FLOOR SINK TO NEW LOCATION, PER PLAN. FLOOR: 1

Quantity Scheduled	Description	Rate Per Unit	Total	Quantity Scheduled	Description	Rate Per Unit	Total
1	Permit Issuance	40.00	40.00	GREASE TRAP/INTERCEPTOR			
RESIDENTIAL (1 & 2 DWELLINGS)					Grease Trap	13.00	
	1 Bathroom	160.00			Grease Interceptor	13.00	
	2 Bathroom	200.00		BACK FLOW DEVICE			
	3 Bathroom	240.00		2	Per Unit	26.00	
	Alterations each fixture	13.00		MEDICAL GAS SYSTEM			
	Water Heater	13.00			Medical Gas Piping System	80.00	
COMMERCIAL					Surgical Vacuum System	80.00	
	New Const. each fixture	13.00			Gas Piping: (1 - 4 outlets)	8.50	
	Alterations each fixture	13.00			(5 or more outlets/per outlet)	2.00	
					Dental Chair or Unit	40.25	
2	Drinking Fountain, Water Cooler, Ice Machine	40.25		OTHER (NOT LISTED)			
	Sump, Sewage Ejector Pump	13.00		6	(2) Floor Drain, (2) Indirect Drain, (2) Trap Primer		
	Garbage Disposal	13.00		13	(1) Floor Sink (8) Bathroom Sink/Lav, (3) Kitchen Sink, (1) Mop Sink		
1	Water Heater	13.00		19	(1) Dishwasher, (2) Shower/Bathtub, (3) Urinal, (13) Toilet		
SUB-TOTAL:				SUB-TOTAL:			
TOTAL:							

CONTRACTORS AFFIDAVIT: I HEREBY MAKE APPLICATION FOR A PLUMBING PERMIT AND CERIFY THAT OUR BUSINESS IS REGISTERED AS A CONTRACTOR WITH THE STATE OF WASHINGTON AND THAT ALL WORK SHALL BE PERFORMED IN ACCORDANCE WITH ALL CODES AND ORDINANCES OF THE CITY OF PUYALLUP.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT.

BY LEAVING THE CONTRACTOR INFORMATION SECTION BLANK, I HEREBY CERTIFY FURTHER THAT CONTRACTORS (GENERAL OR SUBCONTRACTORS) WILL NOT BE HIRED TO PERFORM ANY WORK IN ASSOCIATION WITH THIS PERMIT. I ALSO CERTIFY THAT IF I DO CHOOSE TO HIRE A CONTRACTOR (GENERAL OR SUBCONTRACTOR) I WILL ONLY HIRE THOSE CONTRACTORS THAT ARE LICENSED BY THE STATE OF WASHINGTON.

Ammone Bemby DATE: 01 / 26 / 2023

SIGNATURE OWNER / AUTHORIZED AGENT **PRINT NAME**