



# City of Puyallup

## Application for Building Permit

PRCTI20250853

333 S. Meridian  
Puyallup, WA 98371  
Tel: (253) 864-4165  
[permitcenter@puyallupwa.gov](mailto:permitcenter@puyallupwa.gov)

Parcel No:	Site Address:	
Owner Name:	Tel:	
Owner Address:	City:	Zip:
Contractor Name:	Tel:	
Contractor Address:	City:	Zip:
WA State License:	Exp Date:	City Business License:
Contact Name:	Email:	
Contact Tel:	Fax:	
Lender Name:	Address:	Tel:

### Project Description:

If the project disturbs one acre or more, the applicant must apply for a NPDES Construction stormwater general permit from the Department of Ecology. For additional information visit DOE website [www.ecy.wa.gov/programs/wq/stormwater/construction](http://www.ecy.wa.gov/programs/wq/stormwater/construction)

### Building Permit Information

COMMERCIAL OR RESIDENTIAL		TYPE OF CONSTRUCTION	
OCCUPANCY TYPE		FIRST FLOOR SQ. FT.	
OCCUPANCY LOAD		SECOND FLOOR SQ. FT.	
# OF DWELLING UNITS		BASEMENT SQ. FT.	
# OF BEDROOMS		GARAGE SQ. FT.	
# OF BATHROOMS		COVERED PORCH SQ. FT.	
BUILDING HEIGHT		PATIO SQ. FT.	
ZONING		DECK SQ. FT.	
LOT SIZE SQ. FT.		HEAT TYPE	
LOT COVERAGE: (%)		CHANGE OF USE?	
IMPERVIOUS SURFACE SQ. FT.		AIR CONDITIONED?	
PROJECT DISTURBED AREA SQ. FT.		FIRE SPRINKLERS?	
SEWER OR SEPTIC		LOCATED IN FLOOD PLAIN?	
WATER PURVEYOR		<b>VALUATION</b>	\$

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.

SIGNATURE OWNER / AUTHORIZED AGENT

PRINT NAME

DATE

REV 5/23 RC

# ***MECHANICAL***

<b>Quantity Scheduled</b>	<b>Description</b>	<b>Permit Rate Per Unit</b>	<b>Total Price</b>
<b>1</b>	<b>Permit Issuance</b>	<b>40.00</b>	<b>40.00</b>
	Supplemental Permit	9.60	
	AC Unit – Stand Alone	19.55	
	Install Furnace / Burner up to 100,000 BTU	19.55	
	Install Furnace / Burner over 100,000 BTU	24.00	
	Install / Relocate Floor Furnace & Vent	19.55	
	Install / Relocate Recessed Wall Space Heater	19.55	
	Appliance Vent – Separate	9.60	
	Repair Heating / Cooling Unit	18.11	
	Heat Pump/Boiler / Compress. 3 HP; up to 6 Tons; 100,000	19.55	
	Heat Pump/Boiler / Compress. 3-15 HP or 500,000 BTU	35.95	
	Heat Pump/Boiler / Compress 15-30 HP or 1,000,000 BTU	49.28	
	Heat Pump/Boiler / Compress 30-50 HP or 1,750,000 BTU	73.30	
	Heat Pump/Boiler / Compress over 50 HP or over 1,750,000	122.48	
	Separate Air Handling Unit to 10,000 CFM	14.10	
	Separate Air Handling Unit over 10,000 CFM	23.92	
	Stationary Evaporative Cooler	14.10	
	Exhaust Vent Fan with Single Duct (Bath Fan)	14.10	
	Vent System Apart from Heating or AC	14.10	
	Mechanical Exhaust Hood / Duct (Range Hood) - Residential	14.10	
	Mechanical Exhaust Hood w/Make-up Air - Commercial	35.95	
	Commercial / Industrial Incinerator	24.00	
	Gas Piping: (1 - 4 outlets)	6.30	
	(5 or more outlets / per outlet)	1.30	
	Unclassified Appliance or Equipment (Fireplace, etc.)	14.10	
	Mechanical Duct Work: (1 – 5 Diffusers)	14.10	
	(6 – 10 Diffusers)	19.55	
	(11 or more Diffusers)	24.00	
<b>TOTAL:</b>			

# ***PLUMBING***

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			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) (5 or more outlets/per outlet)	8.50 2.00	
	Alterations each fixture	13.00			Dental Chair or Unit	40.25	
	Drinking Fountain, Water Cooler, Ice Machine	40.25		OTHER (NOT LISTED)			
	Sump,Sewage Ejector Pump	13.00					
	Garbage Disposal	13.00					
	Water Heater	13.00					
SUB-TOTAL:				SUB-TOTAL:			
TOTAL:							

**\*\*\*COMMERCIAL PROJECTS: Please complete "System Development Calculation Sheet" \*\*\***

A water availability/approval letter shall be submitted with this application for any property located outside the city's water service area.

[Fruitland Mutual Water Co.](#) – (253) 848-5519 / [Valley Water Co.](#) – (253) 841-9698 / [Tacoma Water Co.](#) – (253) 502-8600