



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

| | |
|---------------------------------------|-------------------------------------------------------|
| Parcel #: 981000-0014 | Site Address: 401 15th Ave. SE, Puyallup, Wa 98372 |
| Owner: CBRE | Owner Phone #: 206-290-4251 |
| Owner Address: 602 13th Ave SE | City: Puyallup Zip: 98372 |
| Contractor Name: Redline Mechanical | Contractor Phone #: 360-886-5129 |
| Contractor Address: 24230 Roberts Dr. | City: Black Diamond Zip: 98010 |
| WA State License #: REDLIM*835MM | Exp. Date: 7/15/2023 City Business License #: 2011502 |
| Contact Person: Nicole McMahan | Contact Email: Nicole@Redlinemec.com |
| Contact Phone #: 253-350-6087 | Fax #: 360-469-4638 |

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: Installing one floor drain on the 3rd floor in the Cath Lab 1 room

| 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) | 8.50 | |
| | Alterations each fixture | 13.00 | | | (5 or more outlets/per outlet) | 2.00 | |
| | Drinking Fountain, Water Cooler, Ice Machine | 40.25 | | | Dental Chair or Unit | 40.25 | |
| | Sump, Sewage Ejector Pump | 13.00 | | OTHER (NOT LISTED) | | | |
| | Garbage Disposal | 13.00 | | 1 | Floor Drain | 13.00 | |
| | Water Heater | 13.00 | | | | | |
| SUB-TOTAL: 40.00 | | | | SUB-TOTAL: 13.00 | | | |
| TOTAL: 53.00 | | | | | | | |

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.

Nicole McMahan
SIGNATURE OWNER / AUTHORIZED AGENT
Nicole McMahan
PRINT NAME
DATE: 10 / 24 / 2022