



# 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 #:	Site Address: 711 River Rd Puyallup WA 98371
Owner: WWCD Restaurants	Owner Phone #: 425-226-6002
Owner Address: 230 Auburn Way S #2B	City: Auburn Zip: 98002
Contractor Name: Bruno Torres	Contractor Phone #: 253-686-2159
Contractor Address: 10650 Bridgeport Way SW	City: Lakewood Zip: 98499
WA State License #: 604709577	Exp. Date: 3/31/23 City Business License #:
Contact Person: Bruno Torres	Contact Email: brunotorres1014@icloud.com
Contact Phone #: 253-686-2159	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** Include manufactures information and sizing calculation for the proposed grease trap.

☐ 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:** Installation of 2 Under sink Grease interceptors

Quantity Scheduled	Description	Rate Per Unit	Total	Quantity Scheduled	Description	Rate Per Unit	Total
1	Permit Issuance	40.00	40.00		<b>GREASE TRAP/INTERCEPTOR</b>		
	<b>RESIDENTIAL (1 &amp; 2 DWELLINGS)</b>			(2)	Grease Trap	13.00	
	1 Bathroom	160.00			Grease Interceptor	13.00	
	2 Bathroom	200.00			<b>BACK FLOW DEVICE</b>		
	3 Bathroom	240.00			Per Unit	26.00	
	Alterations each fixture	13.00			<b>MEDICAL GAS SYSTEM</b>		
	Water Heater	13.00			Medical Gas Piping System	80.00	
	<b>***COMMERCIAL***</b>				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			<b>OTHER (NOT LISTED)</b>		
	Garbage Disposal	13.00					
	Water Heater	13.00					
	<b>SUB-TOTAL:</b>				<b>SUB-TOTAL:</b>	26.00	
					<b>TOTAL:</b>	26.00	

**CONTRACTORS AFFIDAVIT:** I HEREBY MAKE APPLICATION FOR A PLUMBING PERMIT AND CERTIFY 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.

SIGNATURE OWNER / AUTHORIZED AGENT

PRINT NAME Bruno Torres

DATE: 1, 24, 23