



# 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 #: 7790000566	Site Address: 402 15TH AVE SE
Owner: <u>Multicare Health Systems</u>	Owner Phone #:
Owner Address: <u>14400 Metcalf Ave</u>	City: <u>Overland</u> Zip: <u>66223</u>
Contractor Name: <u>STOP Inc</u>	Contractor Phone #: <u>877-380-7904</u>
Contractor Address: <u>PO Box 111616</u>	City: <u>Tacoma</u> Zip: <u>98411</u>
WA State License #: <u>SEATTO917MU</u>	Exp. Date: <u>08/11/24</u> City Business License #:
Contact Person: <u>Trevor Kelley</u>	Contact Email: <u>T.kelley@stopinc.com</u>
Contact Phone #: <u>253-394-6573</u>	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:** Replacement of the water heater

Quantity Scheduled	Description	Rate Per Unit	Total	Quantity Scheduled	Description	Rate Per Unit	Total
1	Permit Issuance	40.00	40.00		GREASE TRAP/INTERCEPTOR		
<b>RESIDENTIAL (1 &amp; 2 DWELLINGS)</b>					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					
1	Water Heater	13.00	13.00				
<b>SUB-TOTAL:</b>			53.00	<b>SUB-TOTAL:</b>			
<b>TOTAL:</b>						53.00	

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

Trevor Kelley  
PRINT NAME

DATE: 08 / 18 / 2023