

Parcel #: 086500058 Site Address: 511 10th Ave SE, Puyallup WA 98372

Owner: Valley Terrace Med Inv Owner Phone #: _____

Owner Address: 3001 Keith St NW City: _____ Zip: _____

Contractor Name: Western Mechanical Contractor Phone #: 253-946-9544

Contractor Address: 8209 S 222nd St City: Kent Zip: 98032

WA State License #: WESTSMC74300 Exp. Date: 3/20/25 City Business License #: 1002783210

Contact Person: Julie Hahn Contact Email: permits@westernmech.us

Contact Phone #: 253-946-9544 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: Corrections to hot water systems

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	
1	Sump, Sewage Ejector Pump	13.00	13.00	1	OTHER (NOT LISTED)		
2	Garbage Disposal	13.00	26.00	1	expansion tank		
	Water Heater	13.00	13.00	1	mixing valve		
SUB-TOTAL:			<u>39.00</u>	SUB-TOTAL:			
				TOTAL:			

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 USED.