

**Plumbing Permit Application
CITY OF GRANDVIEW CODE ENFORCEMENT
Grandview, WA 98930
(509) 882-9225**

OWNER: _____ **APPLICANT:** _____

MAILING ADDRESS: _____ **PROJECT ADDRESS:** _____

OWNER PHONE: _____ **MESSAGE PHONE:** _____ **TAX PARCEL NUMBER:** _____

CONTRACTOR: _____ **CONTRACTOR PHONE:** _____

CONTRACTOR MAIL ADDRESS: _____ **CONTACT:** _____

CONTRACTOR LICENSE NO: _____ **EXPIRATION DATE:** _____

CIRCLE ONE

TYPE OF PERMIT: _____ **BUILDING USE:** INDUST COMM SF MF PUBLIC FED

Plumbing Fixtures to be Installed:

(Indicate total number of each fixture that will be installed under this permit)

Toilet	<input type="text"/>	Bath Tub	<input type="text"/>	Shower	<input type="text"/>	Wash Basin	<input type="text"/>
Kitchen Sink	<input type="text"/>	Dishwasher	<input type="text"/>	Clothes Washer	<input type="text"/>	Hose Bibs	<input type="text"/>
Floor Drain	<input type="text"/>	Laundry Tray	<input type="text"/>	Water Heater	<input type="text"/>	Other (Specify Below)	<input type="text"/>

I hereby certify that I have read and examined this application to know the same to be true and correct. All provisions of laws and ordinances governing this work will be complied with whether specified herein or not.

Signature of Owner/Authorized Agent

Date