



Permit Center
 210 Lottie Street
 Bellingham, WA 98225
 phone: 360-778-8300
 fax: 360-778-8301
 www.cob.org

Plumbing Permit Application

Two sets of plans are required, except for work in single family & duplex buildings.

Office Use Only	Permit Number(s)	_____		
	Project Name	_____		
	Rec'd Date / Rec'd By	_____	/	_____
	Permit Type	<input type="checkbox"/> STFI	<input type="checkbox"/> QRP	<input type="checkbox"/> Standard <input type="checkbox"/> Major

Property Information

Site Address _____ Zip Code _____

Project Information

Description of work _____

Building Information

Reference the entire building, not just the portion affected by this permit

Residential, # of Dwelling Units _____
 Commercial Other _____

Plumbing Fixtures

Typical residential fixtures are in **bold**.

First column: Indicate the number of new, replaced and/or relocated plumbing fixtures in this permit.
Second column: for Public Works purposes, list all water using fixtures on this water service *after* the remodel/addition. Public Works needs this information to evaluate whether the current water service size has the capacity for additional fixtures.

	This permit	Total		This permit	Total
Bar Sink			Rainwater System (per drain)		
Bath or combo Bath/Shower			Service Sink		
Bath, ¾ fill valve			Shower (per head)		
Dishwasher			Toilet (water closet)		
Drinking Fountain			Urinal		
Floor Drain			Washer, Clothes		
Floor Sink			Water Heater		
Grease / Waste Interceptor			<input type="checkbox"/> Gas <input type="checkbox"/> Electric		
Hand Sink (Lavatory)			Water Piping / Treatment		
Hose Bibb			Vacuum Breaker		
Kitchen Sink			Medical Gas / Vacuum System (# of inlets/outlets)		
Laundry Tub/Tray or Utility Sink			Other:		
Lawn Sprinkler (each head)			Other:		

Site Address _____ Permit Number _____

People Information complete as many entries as necessary to **indicate all responsible parties:** owner, applicant, contractor, design professional, engineer, tenant, etc.

Check all that apply Applicant* Owner Contractor Other _____

Name _____ Company _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Check all that apply Applicant* Owner Contractor Other _____

Name _____ Company _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Check all that apply Applicant* Owner Contractor Other _____

Name _____ Company _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

PERSON PERFORMING THE WORK is

Property owner or **Tenant** and is exempt from contractor licensing requirements pursuant to RCW 18.27.090. If tenant is checked, an additional acknowledgment form must be completed prior to issuance.

Licensed contractor, please complete licensing information below (may be deferred until issuance).

L & I License # _____ Exp _____

Bellingham Business Registration # (applied for in the Finance Dept) _____

Fees Resolution 2004-20

Permit Fees:	
For issuing each permit	\$25.00
For each industrial waste pretreatment interceptor including its trap and vent, except kitchen-type grease interceptors functioning as fixture traps	\$25.00
For each medical gas/vacuum system serving one to five inlet(s)/outlet(s) for a specific gas	\$35.00
For each additional medical gas/vacuum inlet(s)/outlet(s)	\$10.00
For each plumbing fixture on one trap or set of fixtures on one trap (including water, drainage piping and backflow protection therefor); Rainwater systems – per drain (inside building); For each water heater; For each installation, alteration or repair of water piping and/or water treating equipment, each; For each repair or alteration of drainage or vent piping, each fixture; For atmospheric-type vacuum breakers, each; For each item regulated by this code, but not classified in this category or for which no other fee is listed in this code will be:	\$7.00
Plan Review Fees:	
If plan review is conducted, typically on commercial and/or complex projects, 25% of the Permit Fee (excluding the base fee), with a min. of \$50.00	

*I am the owner of the property described above or am authorized by the owner to sign and submit this application. I certify under penalty of perjury of the laws of the State of Washington that the information on this application and all information submitted herewith is true, complete and correct. I also acknowledge that by signing the application I am the responsible party to receive all correspondence from the City regarding this project including, but not limited to, expiration notifications. If I, at any point during the review or inspection process, am no longer the Applicant for this project, it is my responsibility to update this information with the City in writing in a timely manner.

Signature _____ **Date** _____

Printed Name _____

City and State where this application is signed _____