



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

## Plumbing Permit Application

<b>Office Use Only</b> Date Received:
Permit Numbers:
_____
_____

**Project Address**

**Project Description:**

**Contractor**  Applicant  
 Company: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone/Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 State License #: \_\_\_\_\_ Exp: \_\_\_\_\_  
 Bellingham Business Reg. #: \_\_\_\_\_

**Property Owner**  Applicant  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone/Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Tenant**  Applicant  
 Company: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone/Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Fixture	No.	Fee/Each	Amount
Bathtub		7.00	
Clothes Washer		7.00	
Dishwasher		7.00	
Drinking Fountain		7.00	
Electric Water Heater		7.00	
Floor Drain		7.00	
Floor Sink		7.00	
Grease Interceptor		7.00	
Grease Trap		7.00	
Hand Sink		7.00	
Hose Bibb		7.00	
Indirect Waste		7.00	
Kitchen Sink		7.00	
Laundry Tub/Tray		7.00	
Lavatory		7.00	
Rainwater System		7.00	
Service Sink		7.00	
Shower		7.00	
Toilet (water closet)		7.00	
Urinal		7.00	
Waste Interceptor		7.00	
Water Piping/Treatment		7.00	
Vacuum Breaker		7.00	
*Medical Gas/Vacuum System (1-5 inlets/outlets) *Three sets of plans are required to be submitted with your application		35.00	
Additional Outlets		10.00	
Other:		7.00	
<b>Fixture Subtotal</b>			<b>\$</b>
<b>+ Base Permit Fee</b>			<b>\$ 25.00</b>
<b>TOTAL</b>			<b>\$</b>

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, at any point during the review or inspection process, I 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 by Owner/Applicant/Agent** \_\_\_\_\_  
 City and State where this application is signed \_\_\_\_\_  
 BSD#005 05/09

**Date** \_\_\_\_\_

## Water Using Fixtures – Existing and New

For Public Works purposes, list all water using fixtures in the building

Water Fixture	Number	Water Fixture	Number
Bath		Kitchen Sink	
Bath/shower combo		Dishwasher	
Shower (Stand alone/head)		Bar Sink/Veggie Sink	
3/4" bathtub fill valve		Clothes Washer	
Hand Sink		Utility/Laundry Sink	
Toilet (Water Closet)		Hose Bibb	
Urinal		Lawn Sprinkler/head	
Bidet		Other:	
Drinking Fountain		Other:	

### Inspection and reinspection fees:

Inspections are included in the cost of a permit, however additional fees are required for inspections outside the City's normal work schedule and for re-inspections (see below for more information).

1. Inspections performed outside the City's normal work schedule. (Two hour minimum charge).	\$107.00/hr
2. Reinspection as a result of work not being ready, or only partially ready, access not provided, or repeated inspections for same work due to neglect, carelessness or improper correction or installation. (One hour minimum charge.)	\$107.00/hr
3. Reinspections required due to work being covered or concealed before inspection. (One hour minimum charge.)	\$107.00/hr
4. Owner or contractor requested inspections on existing installations. (One-half hour minimum charge.)	\$107.00/hr
5. Inspections for which no fee is specifically indicated. (One-half hour minimum charge.)	\$107.00/hr