



PLUMBING PERMIT
510-B Pioneer Street/PO Box 608
Ridgefield, WA 98642
Tel: (360)887-3908
Fax: (360)887-2507
www.ridgefieldwa.us

OFFICE USE ONLY

PERMIT NUMBER

CONTACT INFORMATION

PROPERTY OWNER: Check box if primary contact

Contact Name: _____

Company: _____

Address: _____ City, State, ZIP: _____

Phone: _____ Email: _____

Signature: _____

(Original signature or a letter of authorization from the owner required)

APPLICANT: Check box if primary contact

Contact Name: _____

Company: _____

Address: _____ City, State, ZIP: _____

Phone: _____ Email: _____

Signature: _____

(Original signature required)

CONTRACTOR: Check box if primary contact

Contact Name: _____

Company: _____

Address: _____ City, State, ZIP: _____

Phone: _____ Email: _____

Contractor's License #: _____ Exp. Date: _____

City of Ridgefield Business License #: _____ Exp. Date: _____

Signature: _____

(Original signature required)

PROPERTY INFORMATION (REQUIRED)

Site Address: _____

Subdivision, Phase, & Lot: _____ Parcel #: _____

SUBMITTAL CHECKLIST

Residential – Over the Counter permit, no submittals required. Complete application only.

Commercial - Complete application and submit the followings below.

1. PLUMBING DRAWINGS: Include all fixtures, piping, slopes, materials and sizes, connection points to utilities, septic tanks, pretreatment sewer systems and water wells.

2. NARRATIVE: Submit a written narrative that describes the proposed project.

Plumbing fixture count (indicate number of each)

| | | |
|--|---|--|
| <input type="checkbox"/> Alternative Waste | <input type="checkbox"/> Floor Sink | <input type="checkbox"/> Service Sink |
| <input type="checkbox"/> Alternative Water | <input type="checkbox"/> Fountain Drain | <input type="checkbox"/> Shower |
| <input type="checkbox"/> Area Drain | <input type="checkbox"/> Garbage Disposal | <input type="checkbox"/> Sump Pump |
| <input type="checkbox"/> Aspirator | <input type="checkbox"/> Gas Pipe System | <input type="checkbox"/> Swimming Pool |
| <input type="checkbox"/> Bar Sink | <input type="checkbox"/> Glass Fill Station | <input type="checkbox"/> Toilet |
| <input type="checkbox"/> Bathroom Sink | <input type="checkbox"/> Glass Washer | <input type="checkbox"/> Trailer Trap |
| <input type="checkbox"/> Bath Tub | <input type="checkbox"/> Grease Trap | <input type="checkbox"/> Urinal |
| <input type="checkbox"/> Commercial Coffee Maker | <input type="checkbox"/> Hose Bibs | <input type="checkbox"/> Wash Tray |
| <input type="checkbox"/> Car Wash Sump | <input type="checkbox"/> Ice Machine | <input type="checkbox"/> Washing Machine |
| <input type="checkbox"/> Dental Chair | <input type="checkbox"/> Kitchen Sink | <input type="checkbox"/> Water Connection |
| <input type="checkbox"/> Dental Sink | <input type="checkbox"/> Pressure Reducing Valve | <input type="checkbox"/> Water Heater (Electric) |
| <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Processing Equipment Drain | <input type="checkbox"/> Water Heater (Gas) |
| <input type="checkbox"/> Drain Field | <input type="checkbox"/> Refrigerator Drain | <input type="checkbox"/> Water Softener |
| <input type="checkbox"/> Drinking Fountain | <input type="checkbox"/> Relay Sewer | <input type="checkbox"/> X-Ray Tank |
| <input type="checkbox"/> Dry Well | <input type="checkbox"/> Roof Drain | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Floor Drain | <input type="checkbox"/> Septic Tank | |

APPLICATION FEES

Please make checks payable to City of Ridgefield. There may be fees related to fire reviews and/or fire inspections. These fees would be applied to the permit with payment due at the time of permit issuance.

By affixing my signature hereto, I certify under penalty of perjury that the information furnished herein is true and correct to the best of my knowledge and that I am the owner of the premises where the work is to be performed or am acting as the owner's authorized agent. I further agree to hold harmless the City as to any claim (including costs, expenses and attorney's fees incurred in investigation of such claim) which may be made by any person, including the undersigned, an filed against the City, but only where such claim arises out of the reliance of the City, including its officers and employees, upon the accuracy of the information provided to the City as a part of this application. The building official may, in writing, suspend or revoke a permit issued under the provisions of this code whenever a permit is issued in error or on the basis of incorrect information supplied, or in violation of any ordinance or regulation or any of the provisions of this code.

Signature of Owner/Authorized Agent _____ Date _____

(Original signature required)