



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)

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