



# PLUMBING APPLICATION

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[PermitSpecialist@ci.mtl.wa.us](mailto:PermitSpecialist@ci.mtl.wa.us)  
[www.cityofmlt.com](http://www.cityofmlt.com)

Permit# \_\_\_\_\_

- Single-Family Residential     
  Multi-Family     
  Commercial

Job Site Address \_\_\_\_\_

Description of Work \_\_\_\_\_

## OWNER / AGENT CONTACT INFORMATION

<u>OWNER</u>	
Name	_____
Address	_____
City	_____ State _____ Zip _____
Ph	_____ Fax _____
E-mail	_____
Contact Name	_____
Ph	_____ Fax _____
E-mail	_____

<u>CONTRACTOR</u>	
Name	_____
Address	_____
City	_____ State _____ Zip _____
Ph	_____ Fax _____
E-mail	_____
State Lic. #	_____
City Lic. #	_____

PROJECT VALUE: \$ \_\_\_\_\_

Type of Equipment	Qty
Backflow Prevention Device	
2" Diameter or Less	
Over 2" Diameter	
Bath Tub	
Dishwasher	
Floor Drain	
Garbage Disposal	
Grease Interceptor	
Hose Bibb	
Kitchen Sink	

Type of Equipment	Qty
Laundry Sink/Tray	
Lavatory	
Lawn Sprinkler System	
Private Sewage Disposal Sys.	
Rain Water System per Drain	
Repair Waste & Vent	
Repair Water Piping	
Spa, Hot Tub, Pool	
Shower	
Supplemental Permit	

Type of Equipment	Qty
Urinal	
Vacuum/Breaker 1 to 5	
Vacuum/Breaker over 5 - ea.	
Washer, Clothes	
Waste Interceptor	
Water Closet	
Water Heater <sup>1</sup>	
Water Service	
Other (describe)	
<sup>1</sup> Expansion Tank Required	

I certify to the best of my knowledge, the information provided on this application is true and correct.

Sign Owner / Agent \_\_\_\_\_ Date \_\_\_\_\_

Print Owner / Agent \_\_\_\_\_ Date \_\_\_\_\_

### OFFICE USE ONLY

Received By \_\_\_\_\_ Date \_\_\_\_\_

Plan Check Fee \$ \_\_\_\_\_ Date \_\_\_\_\_ Receipt Number \_\_\_\_\_

Permit Fee \$ \_\_\_\_\_ Date \_\_\_\_\_ Receipt Number \_\_\_\_\_