



23204 58th Ave W  
 Mountlake Terrace, WA 98043  
 Phone 425.744.6267  
[PermitSpecialist@mltwa.gov](mailto:PermitSpecialist@mltwa.gov)  
[www.cityofmlt.com](http://www.cityofmlt.com)

# PLUMBING PERMIT APPLICATION

<b>FOR STAFF USE ONLY</b>	
Permit # _____	Receipt # _____
Fee \$ _____	Plan Check Fee \$ _____
Total \$ _____	
RECEIVED BY: _____ (Initials) DATE: ____/____/____	

Multi-Family                       Commercial

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

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

Project Value \$ \_\_\_\_\_

*\*Please note:* Backflow Prevention Devices and Grease Interceptors require *separate* permit applications per each device.

Type of Equipment	QTY	Type of Equipment	QTY
*Backflow Prevention Device 2" Diameter or Less		*Backflow Prevention Device Over 2" Diameter	
*Grease Interceptor		Floor/Sink Drain	
Bath Tub		Hose Bibb	
Dishwasher		Lawn Sprinkler System	
Garbage Disposal		Private Sewage Disposal System	
Kitchen Sink		Rain Water System per Drain	
Laundry Sink/Tray		Repair Waste & Vent	
Lavatory/Toilet		Repair Water Piping	
Shower		Spa, Hot Tub, Pool	
Urinal		Vacuum/Breaker (1-5)	
Water Closet		Vacuum/Breaker (over 5)	
Water Heater		Waste Interceptor	
Water Service		Supplemental Permit	
Other (Minor): _____		Other (Major): _____	

**Commercial/Multi-Family Submittal Requirements:**

1. The Permit Contact Information Form (next page) is required to accompany this application.
2. Must submit **two sets** of plumbing plans. For commercial equipment, please show the equipment's proximity to property lines.
3. Intake appointments are required for Plumbing Permit Application submittals. Please click here: [Intake Appointment Request Form](#) and submit the completed form.
4. Plan review fee must be submitted with this application. **Plan Review Fee = 65% of the Permit Fee.**

I certify the information provided on this permit application is true and correct.

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

Owner / Agent \_\_\_\_\_  
Signature



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# PERMIT CONTACT INFORMATION

<b>FOR STAFF USE ONLY</b>
<b>Permit(s) Number(s):</b> _____
<b>PROCESSED BY:</b> _____ (Initials) <b>DATE:</b> ____/____/____

**Project Name/Name of Business (If Applicable)** \_\_\_\_\_

**Subject Property Address** \_\_\_\_\_ **Suite No.** \_\_\_\_\_

**Parcel Number(s)** \_\_\_\_\_

<b>Applicant</b> _____				
<b>Mailing Address</b> _____				
Street Address	City	State	Zip	
<b>Phone</b> _____	<b>E-Mail</b> _____			

<b>Property Owner</b> _____				
<b>Mailing Address</b> _____				
Street Address	City	State	Zip	
<b>Phone</b> _____	<b>E-Mail</b> _____			

<b>Contractor</b> _____				
<i>If Applicable</i>				
<b>Mailing Address</b> _____				
Street Address	City	State	Zip	
<b>Phone</b> _____	<b>E-Mail:</b> _____			
<b>State License #</b> _____	<b>Expires</b> _____	<b>City Business License #</b> _____	<b>Expires</b> _____	

<b>Contact Person:</b> _____				
<i>This person is designated by the applicant to receive all communications, correspondence, determinations and notices as required by development regulations.</i>				
<b>Mailing Address:</b> _____				
Street Address	City	State	Zip	
<b>Phone</b> _____	<b>E-Mail:</b> _____			

<b>Design Professional:</b> _____				
<b>Mailing Address:</b> _____				
Street Address	City	State	Zip	
<b>Phone</b> _____	<b>E-Mail:</b> _____			

**Signed:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_