



# PLUMBING PERMIT APPLICATION

6100 219<sup>th</sup> Street SW, Suite 200  
 Mountlake Terrace, WA 98043  
 Phone 425.744.6267  
[PermitSpecialist@ci.mlt.wa.us](mailto:PermitSpecialist@ci.mlt.wa.us)  
[www.cityofmlt.com](http://www.cityofmlt.com)

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

**Single-Family Residential**     
  **Multi-Family**     
  **Commercial**

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

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

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

The [Permit Contact Information Form](#) is required to accompany this application.

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 System	
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 - each	
Washer, Clothes	
Waste Interceptor	
Water Closet	
Water Heater <sup>1</sup>	
Water Service	
Other (describe)	
<sup>1</sup> Expansion Tank Required	

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>
Permit(s) Number(s): _____
PROCESSED BY: _____ (Initials) DATE: ____/____/____

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

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

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

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

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

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

<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>				
Mailing Address: _____				
Street Address	City	State	Zip	
Phone _____	E-Mail: _____			

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

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