



**CITY OF LACEY**  
 Community & Economic Development Department  
 420 College Street SE  
 Lacey, WA 98503  
 (360) 491-5642

## PLUMBING PERMIT APPLICATION

PLEASE EMAIL APPLICATION TO [BUILD@CITYOFLACEY.ORG](mailto:BUILD@CITYOFLACEY.ORG)

**Type of Permit (check one):**    ( ) Residential        ( ) Commercial

Project Address \_\_\_\_\_ Parcel Number \_\_\_\_\_

**Owner** \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Contact Person** \_\_\_\_\_ Phone Number \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**SCOPE OF WORK:** \_\_\_\_\_

**TOTAL PLUMBING FIXTURES:** \_\_\_\_\_

**PLEASE LIST QUANTITY OF FIXTURES BELOW:**

_____ WATER CLOSETS	_____ ROOF DRAINS	_____ DRINKING FOUNTAINS
_____ BATH TUBS	_____ WATER PIPING	_____ AV BREAKERS
_____ SHOWERS	_____ SIDE SEWERS	_____ GREASE INTERCEPTORS
_____ LAVATORIES	_____ FLOOR DRAINS	_____ MISC. PLUMBING FIXTURES
_____ CLOTHES WASHERS	_____ FLOOR SINKS	_____ GREASE TRAPS
_____ LAUNDRY TUBS	_____ URINALS	_____ BACKFLOW UP TO 2"
_____ SINKS	_____ SUMPS	_____ BACKFLOW OVER 2"
_____ DISHWASHERS	_____ DWV ALTER/REPAIR	_____ GAS OUTLETS
_____ WATER HEATERS	_____ LAWN SPRINKLER	_____ _____

<b>Contractor</b> _____		Phone _____	Fax _____
Address _____		City _____	State _____ Zip _____ E-mail _____
Contractor's License Number _____		Expiration _____	Lacey Endorsement # _____

I hereby certify that the above information is correct and that the construction on, and the occupancy and the use of the above-described property will be in accordance with the laws, rules and regulations of the State of Washington.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Applicant's Name