



# Plumbing Permit Application

Community Development Department  
 3801 W Van Giesen St, West Richland, WA 99353  
 509-967-5902 Fax 509-967-2419 Inspection Line 967-3518

PROPERTY OWNER INFORMATION		<input type="checkbox"/> Contact Person
Owner:		
Address:		
Phone:	Email:	

APPLICANT/CONTRACTOR INFORMATION (if different)		<input type="checkbox"/> Contact Person
Company:	UBI#	
Contact:		
Address:		
Phone:	Email:	

PROPERTY INFORMATION	
Legal Description:	Parcel #

DESCRIPTION OF WORK	VALUATION	\$

PLEASE CIRCLE			
Toilet	Kitchen Sink	Clothes Washer	Vent Piping
Lavatory (sink)	Dishwasher	Utility Sink	Water Piping
Bathtub	Water Fountain	Water Heater	Drain Line
Shower Head	Floor Drain	Roof Drains	Sewer Line
Urinal	Grease Trap	Oil/Water Separater	Gas Piping Outlet
Other			Ground Work rough-in

I authorize employees and officials of the City of West Richland the right to enter and remain on the property in question to determine whether a permit should be issued and whether special conditions should be placed on any issued permit. I have the legal authority to grant such access to the property in question.

I also acknowledge that if a permit is issued for land development activities, no terms of the permit can be violated without further approval by the permitting entity. I understand that the granting of a permit does not authorize anyone to violate in any way any federal, state, or local law/regulation pertaining to development activities associated with a permit.

I hereby certify under penalty of perjury under the laws of the State of Washington that the following is true and correct:

1. I have read and examined this permit application and have documented all applicable requirements on the site plan.
2. The information provided in this application contains no misstatement of fact.
3. I am the owner(s), the authorized agent(s) of the owner(s) of the above referenced property, or I am currently a licensed contractor or specialty contractor under Chapter 18.27 RCW or I am exempt from the requirements of the Chapter 18.27 RCW.
4. I understand this permit is subject to all other local, state, and federal regulations.

*Note: This application will not be processed unless the above certification is endorsed by an authorized agent of the owner(s) of the property in question and/or the owner(s) themselves. If the City of West Richland has reason to believe that erroneous information has been supplied by an authorized agent of the owner(s) of the property in question and/or by the owner(s) themselves, processing of the application may be suspended.*

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_