

CITY OF WENATCHEE PLUMBING PERMIT APPLICATION DEPARTMENT OF COMMUNITY DEVELOPMENT 1350 MCKITTRICK ST., SUITE A, WENATCHEE, WA 98801 Building Department (509) 888-3244 Inspection Line (509) 888-3263 Fax (509) 888-3201		DATE APPLIED	
		PERMIT NO.	
JOB SITE ADDRESS:		JOB SITE PHONE	
LEGAL DESCRIPTION:		PARCEL NO.	
NATURE OF WORK:		VALUATION (LABOR AND MATERIALS) \$	
TYPE OF USE: <input type="checkbox"/> Commercial <input type="checkbox"/> Residential TYPE OF WORK: <input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Alteration /Remodel <input type="checkbox"/> Repair <input type="checkbox"/> Other _____ CURRENT USE OF PROPERTY: _____			
APPLICANT'S NAME:		CONTACT NAME: _____	
		PRIMARY PHONE: () _____	
MAILING ADDRESS: (STREET, P.O., CITY, STATE, ZIP)		ALT PHONE: () _____	
		EMAIL: _____	
OWNER'S NAME:		CONTACT NAME: _____	
		PRIMARY PHONE: () _____	
MAILING ADDRESS: (STREET, P.O., CITY, STATE, ZIP)		ALT PHONE: () _____	
		EMAIL: _____	
CONTRACTOR'S NAME: (copy of contractor's registration card required):		CONTACT NAME: _____	
		PRIMARY PHONE: () _____	
MAILING ADDRESS: (STREET, P.O., CITY, STATE, ZIP)		ALT PHONE: () _____	
		EMAIL: _____	
CONTRACTOR'S LICENSE NUMBER:	EXPIRATION DATE:	CITY BUSINESS LICENSE NUMBER:	EXPIRATION DATE:
Are you removing, replacing or adding sheetrock, roofing, wall or framing materials to complete this work? Yes <input type="checkbox"/> No <input type="checkbox"/> Have any other permits been applied for or issued? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Is structure fifty years old or older? Yes <input type="checkbox"/> No <input type="checkbox"/> Is structure on a historical register? Yes <input type="checkbox"/> No <input type="checkbox"/> Is structure in a historical district? Yes <input type="checkbox"/> No <input type="checkbox"/> Is structure in Central Business District? Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> Cash <input type="checkbox"/> Check No. : _____ Plan Check/Permit Fee: \$ _____ Receipt No: _____	
By signing below, I certify that the information provided with this application herein is true and accurate. I further certify that any and all work performed shall be done in accordance with the ordinances and laws of the City of Wenatchee.			
_____ Applicant Signature		_____ Authorized Agent Signature	
_____ Print Name		_____ Print Name	

PERMIT APPLICATIONS ARE ACCEPTED MONDAY - FRIDAY FROM 8:00 AM TO 4:30 PM.
FEES ARE COLLECTED AT THE TIME OF PERMIT SUBMITTAL.

CITY OF WENATCHEE

DEPARTMENT OF COMMUNITY DEVELOPMENT

PLUMBING FIXTURES/FEEES

ITEM	QUANTITY	FEE	TOTAL
Water Closets (Toilets)		\$ 7.00	\$
Urinals		\$ 7.00	\$
Bathtubs		\$ 7.00	\$
Showers		\$ 7.00	\$
Lavatories		\$ 7.00	\$
Sink		\$ 7.00	\$
Floor Sink		\$ 7.00	\$
Dishwashers		\$ 7.00	\$
Clothes Washer		\$ 7.00	\$
Hose Bibbs		\$ 7.00	\$
Drinking Fountains		\$ 7.00	\$
Hot Water Heaters		\$ 7.00	\$
Floor Drains/Interior Roof Drains		\$ 7.00	\$
Grease Traps		\$ 7.00	\$
Grease Interceptors		\$ 7.00	\$
Lawn Sprinkler Back Flow Device		\$ 7.00	\$
Backflow Protective Device		\$ 7.00	\$
Gas Piping System 1-5 Outlets		\$50.00	\$
*Each Additional Outlet <i>Over 5</i>		\$ 5.00	\$
Medical Gas Piping 1-5 Outlets		\$50.00	\$
*Each Additional Outlet <i>Over 5</i>		\$ 5.00	\$
Industrial Waste Interceptor		\$ 7.00	\$
Building Sewer		\$ 7.00	\$
Rain Water System (per drain inside bldg)		\$ 7.00	\$
Permit Issuance Fee	1	\$20.00	\$ 20.00
Total Permit Cost			\$

MINIMUM CHARGE FOR ANY PLUMBING PERMIT, FOUR FIXTURES OR LESS = \$50.00