



Plumbing Application

If applicable: Is this work attached to an existing building permit?

BLDG- _____

Office Use Only
DATE: _____
PLUM: _____
ACCEPTED BY: _____

FIXTURES ENTER QUANTITY

- | | |
|--|------------------------------------|
| ____ Backflow Preventer & Vacuum Breaker | ____ Roof Drain |
| ____ Backwater Valve | ____ Sewage Ejector |
| ____ Bathtub | ____ Shower/Valve Replacement |
| ____ Clothes Washer | ____ Sink (Bar) |
| ____ Dishwasher | ____ Sink (Bathroom) |
| ____ Drinking Fountain | ____ Sink (Floor, Mop) |
| ____ Electric Water Heater | ____ Sink (Kitchen) |
| ____ Floor Drain | ____ Sink (Utility & Laundry Tray) |
| ____ Garbage Disposal | ____ Toilet |
| ____ Grease Interceptor | ____ Urinal |
| ____ Hose Bib | ____ Water Service |
| ____ Irrigation System | ____ Water Softener |
| ____ Medical Gas Piping | ____ Water Piping Repair/Replace |
| | ____ Other _____ |

_____ **TOTAL # of Fixtures**

- Residential
- Multi family
- Mixed Use
- Commercial

*Value of Construction: The value of construction shall include the prevailing fair market value of all labor, materials and equipment, whether actually paid or not, needed to complete the work.

SITE LOCATION

*Value of Plumbing work \$: _____

Site address: _____

Suite/FLR/RM: _____

Tax parcel number: _____

Project name/Tenant: _____

Plat name/Lot number: _____

Property owner: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

DETAILED DESCRIPTION OF WORK

WHO IS PAYING FOR THE PERMIT? CONTRACTOR APPLICANT OWNER DESIGN PROFESSIONAL

PLEASE ENTER INFORMATION BELOW IF DIFFERENT THEN CONTRACTOR, OWNER, OR APPLICANT.

Name: _____ Address: _____

E-mail: _____

PLUMBING CONTRACTOR INFORMATION

Company name: _____ State contractor's license #: _____

Mailing address: _____ Expiration date: _____

City: _____ State: _____ Zip: _____ City of Redmond business license #: RED000

Phone: _____ Fax: _____ E-mail: _____

APPLICANT INFORMATION

Contact person: _____ City: _____ State: _____

Company name: _____ Zip: _____ Phone: _____

Mailing address: _____ E-mail: _____

BUILDING OWNER OR AUTHORIZED AGENT

I hereby certify that I have read and examined this application and know the same to be true and correct, and I am authorized to apply for this permit.

Print Name: _____ Date: _____

Signature: _____

Plumbing Permit Checklist

WHEN A PLUMBING PERMIT IS REQUIRED

The City of Redmond requires a plumbing permit before a plumbing system or fixture is installed, altered, or remodeled. The City does not require a permit to stop leaks or clear stoppages unless the piping being repaired is altered or replaced.

New or replacement gas water heaters are processed under a MECHANICAL PERMIT

New or replacement electric water heaters are processed under a PLUMBING PERMIT

PLUMBING PLAN REVIEW IS REQUIRED FOR THE FOLLOWING PROJECTS

- New commercial, multi-family, and mixed-use buildings
- Installation/alterations of medical gas systems
- Installation of commercial kitchens, deli's or three compartment sinks.
- Installation of any grease interceptors.

An intake appointment is required for all plan review projects and three or more over the counter applications. Please call 425.556.2473 or permittech@redmond.gov to schedule an appointment.

SUBMIT THE FOLLOWING FOR PLAN REVIEW PLEASE SUBMIT ALL MATERIALS ON A USB FLASHDRIVE.

- Plan view** - 1/8" minimum scale. Details - 1/4" minimum detail scale
- System Sizes** - Size of sanitary and potable water systems
- Location** - Location and type of proposed fixtures
- Riser diagram** - Riser diagram of waste and vent, potable water and rainwater systems, indicating sizes
- Medical Gas Piping** - Medical gas piping riser diagram indicating type of gas, bottle storage room and size of piping

Electronic plans that do not meet the requirements below will fail and will result in the application being deemed incomplete and will not be reviewed until complete. All USB drives may only contain documents being submitted to the City for proposed project.

A. File Naming Standards:

Bolded items noted in Section II indicate the naming convention in which the particular submittal must be named. For example, the **Site Plan** must be saved as Site Plan.

B. Plan Sheet Standards:

All plans must be drawn to scale, and have scale noted on each sheet.

C. Acceptable File Types

Plans, calculations, reports and supporting documents must be uploaded as a PDF.

D. Plan Orientation: All plans must be uploaded in "Landscape" format in the horizontal position.

E. Flatten and merge separate sheets into one file before submitting to the City for review. For example, all sheets in the structural plan set shall be one file named **Structural Plans**.

Any files that are not named properly and/or uploaded incorrectly may be rejected at intake.

OTHER INFORMATION

The Washington State Building Code Council did not adopt any fuel gas piping, combustion air or venting of equipment under the 2015 Uniform Plumbing Code. See the 2015 International Mechanical Code.

The installation of a backflow prevention device (including those installed with a residential lawn sprinkler system) requires that a test report specified in Washington Administrative Code (WAC) 603.3.3 be provided at the job site at the time of final inspection.