



Plumbing Application

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

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

BLDG- _____

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 | ____ Sink (3 Compartment) |
| ____ Grease Interceptor | ____ Toilet |
| ____ Hose Bib | ____ Urinal |
| ____ Irrigation System | ____ Water Service |
| ____ Medical Gas Piping | ____ Water Softener |
| | ____ Other _____ |

TOTAL # of Fixtures _____

____ Water Piping Repair/Replace

TYPE/WORK CLASS

- 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

PLUMBING CONTRACTOR INFORMATION

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

Mailing address: _____ Expiration date: _____

City: _____ State: _____ Zip: _____ City of Redmond business license #: RED ____ - _____

Phone: _____ 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 non-residential or mixed-use buildings
- New Multifamily projects with 3 or more dwelling units (except townhouses as defined in the IRC)
- Non-residential or mixed-use addition or alteration projects with more than 10 fixtures
- Roof drains/overflow systems.
- Tenant improvements involving: Medical gas piping, commercial kitchens, food service install (King Co. Health Dept. Approval required for restaurants/food preparation)
- Oil/water separator
- Grease removal devices
- Sumps (residential sump pumps need prior approval but not plan review)
- All types of laboratories

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.

- System Sizes** - Size of sanitary and potable water systems
- Plan view** - 1/8" minimum scale. Details - 1/4" minimum detail scale
- 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
- Equipment Schedule**
- Fixture Amount**
- Fixture Schedule**

Electronic Plan Standards

- ⇒All plans must be drawn **to scale**, and have scale noted on each sheet.
- ⇒All documents must be uploaded as a **PDF**.
- ⇒All plans must be uploaded in **landscape** orientation (horizontal position).
- ⇒All plans must be named accordingly per the submittal requirements in **BOLD**.
- ⇒All plans must be **flattened, unlocked and reduced**.

Any files that are improperly named and/or formatted incorrectly may be rejected at intake.

Paper plans, incomplete applications and applications delivered by courier will not be accepted and will result in the application being deemed incomplete.

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.