



City of Battle Ground
Community Development Department
Building Division

109 SW 1st Street, Suite 123, Battle Ground, WA 98604
Phone (360) 342-5046, Fax (360) 342-5049

PLUMBING
PERMIT APPLICATION

For Office Use Only:
DATE RECEIVED: _____

PERMIT NUMBER: _____
PLB: _____

APPLICANT: _____ Phone: () _____ Fax: () _____

Mailing Address: _____ State: _____ Zip Code: _____

PROPERTY OWNER: _____ Phone:() _____ Fax:() _____

Mailing Address: _____ State: _____ Zip Code: _____

PLUMBING CONTRACTOR: _____ Phone: () _____ Fax: () _____

Contractors License # _____ Business License # (Required) _____

Mailing Address: _____ State: _____ Zip Code: _____

Project Name: _____ Tax Lot # _____

Site Address: _____ Lot #: _____ Zoning: _____

Type of work: Commercial () Residential ()

(If Commercial, three sets of plans are required with submittal)

Complete Description of Work to be performed: (Please use separate sheet if needed) _____

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

Signature of Applicant: _____ Date: _____

Signature of Owner/Representative: _____ Date: _____

For official use only:

Entered by: _____ Fees Due: _____ Receipt # _____ Received by: _____

PLUMBING	
Item	Quantity
Each plumbing fixture or trap or set of fixtures on one trap (including water, drainage piping and backflow prevention thereof)	
Sewer Connections	
Water Connections	
Rainwater system – per drain (inside building) typically Commercial	
Water heater , electric only (for gas water heaters, see mechanical permit)	
Industrial waste pretreatment interceptor including its trap and vent, except kitchen-type	
Grease traps	
Installation, alteration or repair of water piping and/or water treatment equipment, or both	
Repair or alteration of drainage or vent piping	
Graywater system	
Initial installation and testing for a reclaimed water system	
Annual cross-connection testing of a reclaimed water system (excluding initial test)	
Medical gas piping system serving 1 to 5 inlet(s)/outlet(s) for a specific gas	
Additional medical gas inlet(s)/outlet(s)	
Boiler System (if gas, mechanical permit required)	
Each gas-piping system (1-5 outlets)	
Each Additional gas-piping outlet	