



# COMMERCIAL PLUMBING APPLICATION

Community & Economic Development

City of Arlington • 18204 59th Ave NE • Arlington, WA 98223 • Phone (360) 403-3551

## WHEN is a PLUMBING PERMIT REQUIRED?

The City of Arlington requires a plumbing permit before a plumbing system or fixture is installed, altered, or remodeled. This includes commercial, tenant improvements, multi-family buildings, roof drains, and overflows, medical gas systems, commercial kitchens, grease traps and interceptors, sumps and cross connection backflow devices.

The City of Arlington does not require a permit to stop leaks or clear stoppages, unless the piping is repaired, altered or replaced.

## SUBMIT THE FOLLOWING ELECTRONICALLY:

- Plumbing plans or drawings. (Minimum plan size is 18" X 24" scale, 1/4" scale for details.)
- Fixture specifications and equipment (cut sheets) with locations.
- Location and type of all backflow assemblies for each fixture.

## IN ADDITION TO ABOVE, SUBMIT THE FOLLOWING, IF APPLICABLE TO YOUR PROJECT:

- Calculations for Grease Interceptor.
- Pipe size and location of sanitary and potable water systems.
- Riser diagram of waste, vent, and rain water systems, including sizes.
- Medical gas piping riser diagram, type of gas, storage room and size of piping.

<b>Type of Permit:</b>		<input type="checkbox"/> New Installation	<input type="checkbox"/> Addition/Alteration/Repair	<input type="checkbox"/> Industrial
Property Address: _____		Project Valuation: _____		
Lot #: _____	Parcel ID No.: _____	Preferred Contact: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor		
Project Description: _____				
Owner Name: _____		Office No.: _____		
Email Address: _____		Cell No.: _____		
Mailing Address: _____		City: _____	State: _____	Zip: _____
Contractor Name: _____		Office No.: _____		
Email Address: _____		Cell No.: _____		
Mailing Address: _____		City: _____	State: _____	Zip: _____
L&I Contractor License Number: _____		Expiration Date: _____		

**PLUMBING PERMIT FEES (per fixture)**

**Commercial plumbing permits are required to submit line drawings. A plan review fee of 65% per Table 4-6 for plumbing permits will be assessed at time of submittal. Includes two (2) inspections with permit.**

Type of Fixture	No. of Fixtures	Cost per Fixture	Subtotal	
Additional Plan Review fees	x	\$ 75.00	=	
Alteration/repair piping	x	\$ 15.00	=	
Backflow Assembly	x	\$25.00	=	
Base Plumbing Fee		\$ 25.00		\$25.00
Bath/Shower Combo	x	\$ 15.00	=	
Building Main Waste	x	\$ 25.00	=	
Clothes Washer	x	\$ 15.00	=	
Dishwasher	x	\$ 15.00	=	
Drinking Fountain	x	\$ 15.00	=	
Floor Drains	x	\$ 15.00	=	
Grease Interceptor	x	\$ 75.00	=	
Grease Trap	x	\$ 25.00	=	
Hose Bibb	x	\$ 15.00	=	
Icemaker/Refrigerator	x	\$ 15.00	=	
Irrigation – per meter	x	\$ 25.00	=	
Kitchen Sink & Disposal	x	\$ 15.00	=	
Laundry Tray	x	\$ 15.00	=	
Lavatory	x	\$ 15.00	=	
Medical Gas Piping ≤ 5 Inlets / Outlets	x	\$ 60.00	=	
Medical Gas Piping for each additional Inlet / Outlet > 5	x	\$ 5.00	=	
Miscellaneous – regulated by plumbing code (not otherwise specified)	x	\$ 15.00	=	
Pretreatment Interceptor	x	\$ 15.00	=	
Re-inspection Fee (all)	x	\$ 75.00	=	
Roof Drains	x	\$ 15.00	=	
Shower (only)	x	\$ 15.00	=	
Sink (bar, service, etc.)	x	\$ 15.00	=	
Toilets	x	\$ 15.00	=	
Urinal	x	\$ 15.00	=	
Vacuum Breakers	x	\$ 25.00	=	
Water Heater	x	\$ 25.00	=	
Water Heater - Tankless	x	\$ 25.00	=	
		Permit Fee		
		Table 4-6; Plan Review Fee		
		Processing/Technology Fee		\$25.00
		Total		

**PROPOSED BUILDING USE**

- |  |                                     |   |
|--|-------------------------------------|---|
| <input type="checkbox"/> New                 | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Automotive Based |
| <input type="checkbox"/> Addition/Alteration | <input type="checkbox"/> Office     | <input type="checkbox"/> Machine Shop     |
| <input type="checkbox"/> Industrial          | <input type="checkbox"/> Medical    | <input type="checkbox"/> Other: _____     |

**CROSS CONNECTION**

Please check all appliances that are proposed or permanently connected to the water supply.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Ice Machine         | <input type="checkbox"/> Dialysis Equip.       | <input type="checkbox"/> Air washers           |
| <input type="checkbox"/> Coffee Urn/Espresso | <input type="checkbox"/> Hydrotherapy Equip.   | <input type="checkbox"/> Steam Generators      |
| <input type="checkbox"/> Carbonated Bev.     | <input type="checkbox"/> Dental Equip.         | <input type="checkbox"/> Dye Vats              |
| <input type="checkbox"/> Fume Hoods          | <input type="checkbox"/> Laboratory Equip.     | <input type="checkbox"/> Pressure Washers      |
| <input type="checkbox"/> Degreasers          | <input type="checkbox"/> Autoclave/Sterilizers | <input type="checkbox"/> Cooling Towers        |
| <input type="checkbox"/> Hot Tub/Spa         | <input type="checkbox"/> Decorative Fountain   | <input type="checkbox"/> Fire Sprinkler        |
| <input type="checkbox"/> Aquarium            | <input type="checkbox"/> Swimming Pools        | <input type="checkbox"/> Sprinkler w/chemicals |
| <input type="checkbox"/> Lawn Irrigation     | <input type="checkbox"/> Well on property      | <input type="checkbox"/> Other: _____          |

**WASTEWATER DISCHARGE**

- |  |                              |                             |                                     |
|--|------------------------------|-----------------------------|-------------------------------------|
| Does the plumbing system currently have a grease interceptor?      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |
| Does the plumbing system currently have an oil/water separator?    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |
| Is water used in the business process (washing, rinsing, cooling)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |
| Does your business require a NPDES permit?                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |

I hereby certify that the above information is correct and that the construction on, and the occupancy and the use of the above-described property will be in accordance with the laws, rules and regulation of the State of Washington.

Signature

Print Name

Date

	<b>FOR STAFF USE ONLY</b>	
<b>PERMIT #</b>	<b>ACCEPTED BY:</b>	<b>DATE STAMP</b>