RESIDENTIAL BUILDING PLUMBING & MECHANICAL
Permit Application

University Place WASHINGTON

3715 Bridgeport Way W
University Place, WA 98466
PH: (253) 566-5656 FAX: (253) 460-2541

PLEASE REFER TO THE RESIDENTIAL BUILDING CHECKLIST FOR SUBMITTAL REQUIREMENTS.

OFFICE USE ONLY				
BLD	**PLM**	**MEC**	**DEM**	**MIS**

PROJECT ADDRESS (Street, City, State, Zip):	Parcel #:	
Subdivision/Lot #:	**PROJECT VALUATION: $**	
APPLICANT:	Phone:	Fax:
Address (Street, City, State, Zip):	E-Mail Address:	
PROPERTY OWNER:	Phone:	Fax:
Address (Street, City, State, Zip):	E-Mail Address:	
LENDING AGENCY:	Phone:	Fax:
Address (Street, City, State, Zip):	E-Mail Address:	
CONTRACTOR*:	Phone:	Fax:
Address (Street, City, State, Zip):	License #/Exp Date:	

***Contractor must have a valid City of University Place business license prior to doing work in the City. Contact the Business Licensing Office @ (253)566-5656.**

PROJECT DESCRIPTION:_____

_____

_____

PROPOSED CONSTRUCTION SQUARE FOOTAGE:

1st Floor: _____	Garage/Carport: _____	Is the house sprinkled: ☐ Yes ☐ No
2nd Floor: _____	Covered Deck/Patio: _____	The property is served by:
Basement: _____	Uncovered Deck: _____	☐ Septic ☐ Sewer
Retaining Wall (linear ft): _____	# Additional Bedrooms: _____	Total Lot Size: _____

FOR REMODELS/ADDITIONS ONLY:

PLUMBING (number of proposed fixtures)		**MECHANICAL (number of proposed appliances)**	
_____ sink (kitchen/utility)	_____ clothes washer	_____ furnace < 100K	_____ gas piping
_____ water closet (toilet)	_____ hose bib	_____ furnace > 100K	_____ air-conditioner
_____ tub/shower	_____ backflow assembly:	_____ gas water heater	_____ exhaust fan & vent
_____ lavatories (bath sink)	Size: _____	_____ fireplace	_____ dryer exhaust vent
_____ dishwasher	Make: _____	_____ heat pump	_____ air handler
_____ electric water heater	Model:_____	_____ misc. _____	

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

Print Name:_____ ☐Owner ☐Agent/Other (specify):

Signature:_____ Date: _____