

PLUMBING PERMIT APPLICATION

COMMUNITY & ECONOMIC DEVELOPMENT
Development Services Division
 1055 South Grady Way – Renton, WA 98057
 425-430-7200
www.rentonwa.gov www.MyBuildingpermit.com



1. Job Site Address: _____
2. Building Permit #: _____ **(Required if the work is associated with a Building Permit)**
3. Description of work to be performed: _____
4. Value of work to be performed: \$ _____
5. Tenant Name (if Commercial or Multi-Family): _____ Suite/Room #: _____
6. Contact Person: _____ Phone: _____ Email: _____
(If plan review is necessary for this application, the contact person above will be contacted when the permit is ready to issue)
7. Contractor's Name: _____ Phone: _____
8. Street Address: _____ City/State: _____ Zip: _____
9. State of Washington Contractor's License # **(Required)**: _____
10. Contractor's City of Renton Business License # **(Required)**: BL
11. Property Owner: _____ Phone: _____
12. Street Address: _____ City/State: _____ Zip: _____
13. Base Permit Fee: \$49.50 + Itemized Fee(s) from below*: \$ _____

Plumbing fixture or trap or set of fixtures on one trap: \$ 8.75 each		
Floor Drains	Qty: _____	Showers _____
Laundry Trays	_____	Sinks _____
Washers	_____	Toilets _____
Urinals	_____	Sump or Trap _____
Drinking Fountains	_____	Hose Bibs _____
Water Heater	_____	Dishwasher** _____
Bathtubs	_____	** vacuum breaker required

Roof drain / Rainwater system (per drain)	Qty: _____	\$ 8.75
Each industrial waste pretreatment interceptor	_____	\$ 8.75
For installation, alteration, or repair of water piping (each fixture)	_____	\$ 8.75
For repair or alteration of drainage or vent piping (each fixture)	_____	\$ 8.75
For each lawn sprinkler system (includes backflow prevention)	_____	\$ 8.75
For EACH vacuum breaker or backflow protection device on tanks, vats, etc.	_____	\$ 8.75
For water service – meter to house	_____	\$ 8.75
For each gas piping system:		
..one (1) to four (4) outlets	_____	\$ 13.25
..additional outlets, each	_____	\$ 2.75
For each medical gas piping system (Plan Review Required***) :		
..one (1) to five (5) outlets	_____	\$ 66.00
..additional outlets, each	_____	\$ 5.50

Re-inspection Fee \$100.00 ***Plan Review Fee 40% of permit fee

*** + Add an Additional 3% Technology Surcharge to Calculated Fee**

Applicant's Signature: _____ Date: _____