



City of Kelso

Plumbing Permit Application

FOR OFFICE USE ONLY

Permit #:	Zoning:	RV:
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Questions and applications can be directed to the following:

Building and Planning
203 S. Pacific Ave., Suite 208
Kelso, WA 98626

360.423.9922 (office)
360.423.6591 (fax)
building@kelso.gov (email)

PROJECT SITE INFORMATION

Address/Location:	Parcel #:
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PROPERTY OWNER

Business Name:	Contact Name		
Mailing/Billing Address:	City:	State:	Zip:
Phone:	Email:		

APPLICANT (If different from property owner listed above)

Business Name:	Contact Name		
Mailing/Billing Address:	City:	State:	Zip:
Phone:	Email:		

CONTRACTOR

Business Name:	Contact Name:		
Mailing/Billing Address:	City:	State:	Zip:
Phone:	Email:		

WA State License # (Not UBI#):	Expiration Date:
City of Kelso Business License # (Permit cannot be issued until one is obtained):	Expiration Date:

DETAILED PROJECT DESCRIPTION

Building Type – Check all that apply:

Residential Commercial

Total Project Valuation
(Fair Market Value Labor + Materials):

Building Type – Check all that apply: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial	Total Project Valuation (Fair Market Value Labor + Materials):
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PLUMBING PERMIT CHECKLIST

	Provided	Not Applicable
Scope of Work*	<input type="checkbox"/>	<input type="checkbox"/>
Site plan showing the location, type and size of all piping & fixtures	<input type="checkbox"/>	<input type="checkbox"/>
Equipment Detail Sheets	<input type="checkbox"/>	<input type="checkbox"/>
Location of backflow prevention devices	<input type="checkbox"/>	<input type="checkbox"/>
Riser diagram for multi-floor buildings	<input type="checkbox"/>	<input type="checkbox"/>

*Larger commercial projects may require a mechanical plan submittal and review. Plan review fees [70% IBC/65% IRC].

PROPERTY 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.

Signature:	Printed Name:	Date:
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Permit #:	Zoning:	RV:
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PERMIT INFORMATION – CHECK ALL THAT APPLY

ITEM	QTY	FEE	TOTAL
Permit Base Rate	1	\$ 28.00	
Supplemental Permit to Base Permit (modification to original permit application)		\$ 14.00	

FIXTURES, DEVICES, AND EQUIPMENT

<input type="checkbox"/> Each fixture requiring a trap (includes piping and backflow protection for that fixture)		\$ 9.00	
<input type="checkbox"/> Water heater (includes vent)		\$ 9.00	
<input type="checkbox"/> Industrial waste interceptor		\$ 9.00	
<input type="checkbox"/> Grease trap		\$ 9.00	
<input type="checkbox"/> Water treatment equipment		\$ 9.00	
<input type="checkbox"/> Lawn sprinkler system (includes backflow protection)		\$ 9.00	
<input type="checkbox"/> Backflow preventer		\$ 9.00	
<input type="checkbox"/> Repairs or addition to each piece of equipment or system		\$ 9.00	

BUILDING SEWER

<input type="checkbox"/> Installation of each building sewer or trailer park sewer		\$ 20.00	
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GAS PIPING SYSTEMS

<input type="checkbox"/> Installation of each gas piping system up to four outlets		\$ 7.00	
<input type="checkbox"/> For the installation of each outlet exceeding four		\$ 3.00	

FIXTURES, DEVICES, AND EQUIPMENT

<input type="checkbox"/> Rainwater systems – Per drain (inside building)		\$ 9.00	
<input type="checkbox"/> Private sewage disposal system		\$ 32.00	
<input type="checkbox"/> Graywater system		\$ 32.00	
<input type="checkbox"/> Installation and testing of a reclaimed water system (See Master Fee Schedule for fee explanation)		\$ 38.00	
<input type="checkbox"/> Annual testing of reclaimed water system (See Master Fee Schedule for fee explanation)		\$ 38.00	
<input type="checkbox"/> For each medical gas piping system for a specific gas – up to five outlets or inlets		\$ 61.00	
<input type="checkbox"/> For each additional medical gas outlet over five outlets		\$ 7.00	

FIXTURE TOTAL:

OTHER INSPECTIONS AND FEES (Please see the Master Fee Schedule for Additional Fees Not Listed)

<input type="checkbox"/> Investigation fee for work commenced prior to obtaining a permit	Double permit fee	
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SUBTOTAL: \$

Building Permit Fees Calculated Separately

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Signature: _____ Printed Name: _____ Date: _____