



# CITY OF NEWCASTLE

## Community Development Department

Application Date: _____	Intake Staff: _____	Permit #: _____
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### PLUMBING PERMIT APPLICATION

**ALL FIELDS MUST BE COMPLETELY FILLED OUT PRIOR TO SUBMITTAL**

Property Address: \_\_\_\_\_

King Co. Tax Parcel #: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

State License #: \_\_\_\_\_ Newcastle Business License #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Description of Plumbing Work:** Indicate number of appliances.

- \_\_\_\_\_ Backflow Preventer
- \_\_\_\_\_ Bar Sink
- \_\_\_\_\_ Bathroom Sink
- \_\_\_\_\_ Bidet
- \_\_\_\_\_ Clothes Washer
- \_\_\_\_\_ Dishwasher
- \_\_\_\_\_ Drinking Fountain
- \_\_\_\_\_ Floor Drain
- \_\_\_\_\_ Grease Interceptor

- \_\_\_\_\_ House Bib
- \_\_\_\_\_ Ice Maker
- \_\_\_\_\_ Kitchen Sink
- \_\_\_\_\_ Laundry Sink
- \_\_\_\_\_ Medical Gas Outlets
- \_\_\_\_\_ Medical Gas Systems
- \_\_\_\_\_ Pool or Spa Drain
- \_\_\_\_\_ Roof Drain
- \_\_\_\_\_ Shower, Tub, or Combo

- \_\_\_\_\_ Sink
- \_\_\_\_\_ Storm Drain
- \_\_\_\_\_ Sump Dump
- \_\_\_\_\_ Toilet
- \_\_\_\_\_ Trap Primer
- \_\_\_\_\_ Urinal
- \_\_\_\_\_ Water Heater Electric
- \_\_\_\_\_ Water Service
- \_\_\_\_\_ Other: \_\_\_\_\_

**Please be advised:** If Plan Review is required, final fees and fixture count will be adjusted to match Building Reviewer's fixture count.

#### Agreement

*Applications for which no permit is issued within 180 days following date of application shall expire (IBC/IRC).*

I hereby certify that I am the owner or owner's authorized agent. If acting as an agent, I further certify that I am authorized, by the owner, to act as the agent regarding the property at the above referenced address for the purpose of filing applications, decisions, or review.

\_\_\_\_\_  
Owner or Owner's Agent

\_\_\_\_\_  
Date

**Note:** If work is performed or materials are received within Newcastle City Limits, use location code 1736 when completing State Tax Return Form.