

**SPOKANE COUNTY  
2020 PLUMBING PERMIT APPLICATION**

PROJECT ADDRESS:	PARCEL NUMBER:
PERMIT DESCRIPTION:	
OWNER NAME & MAILING ADDRESS: APPLICANT: <input type="checkbox"/> YES <input type="checkbox"/> NO	OWNER PHONE (Daytime):
CONTRACTOR NAME & MAILING ADDRESS: APPLICANT: <input type="checkbox"/> YES <input type="checkbox"/> NO	LICENSE NUMBER:
CONTRACTOR PHONE:	CONTRACTOR EMAIL:

**INSPECTION FEES**

DESCRIPTION OF WORK	DETAIL	# UNITS	TIMES	COST PER UNIT	EQUALS: INSPECTION FEE
TOILETS	WATER CLOSETS, BIDETS		X	\$11.38	\$
URINALS	-		X	\$11.38	\$
TUBS	-		X	\$11.38	\$
SHOWERS (per trap)	BATH, STALL, ON-SITE BUILD		X	\$11.38	\$
SINKS	LAVS/BASINS, BAR, FLOOR, KITCHEN, LAUNDRY, UTILITY, JANITOR, PHOTO, X-RAY, FOOD (PREP/CULINARY/MEAT)		X	\$11.38	\$
DISHWASHER	-		X	\$11.38	\$
CLOTHES WASHER	-		X	\$11.38	\$
GARBAGE DISPOSAL/GRINDER	-		X	\$11.38	\$
WATER SOFTENER	-		X	\$11.38	\$
ELECTRIC HOT WATER TANKS	(NOTE: If gas water tank see mechanical)		X	\$11.38	\$
FLOOR DRAINS	AREA, CASE, COIL, TRENCH, CONDENSATE		X	\$11.38	\$
ROOF DRAINS/OVERFLOW DRAINS (ea.)	-		X	\$11.38	\$
FOUNTAINS, DRINKING	-		X	\$11.38	\$
WATER PIPING/DRAIN-IN WASTE-VENT/PLUMBING REVERSALS	INSTALLATION, ALTERATION, REPAIR, REVERSALS		X	\$11.38	\$
SEWAGE EJECTORS	GRINDER, SUMP PUMP		X	\$11.38	\$
WATER USING DEVICES	ICE AND/OR COFFEE MAKER, HOSE BIBB, STEAMER, PROOFER, CARBONATOR, SWAMP COOLERS		X	\$11.38	\$
CROSS CONNECTION DEVICES	VACUUM BREAKER, CHECK VALVE, AND R.P.B.P.D. FOR : VATS, SUMPS, TANKS, BOILERS, & SPRINKLER SYSTEMS		X	\$11.38	\$
INTERCEPTORS	GREASE TRAP, SAND TRAP, CHEMICAL HOLDING TANK		X	\$11.38	\$
MEDICAL GAS (per outlet/bottle station)	NITROUS, OXYGEN		X	\$11.38	\$
MISCELLANEOUS FIXTURES			X	\$11.38	\$
NEW SINGLE FAMILY ONLY	<b>CREDIT</b>	1	X	<\$81.36>	\$

**FEE CALCULATION**

TOTAL INSPECTION FEE	\$
<b>MINIMUM INSPECTION FEE \$81.35</b>	\$
PLUS: NONREFUNDABLE PROCESSING FEE	\$27.12
(MINIMUM PERMIT FEE IS \$108.47) TOTAL PERMIT FEE	\$

**METHOD OF PAYMENT**

Note: FAXED PERMITS WILL ONLY BE ACCEPTED WITH PAYMENT OF A MAJOR CREDIT CARD

DATE: \_\_\_\_\_  CASH  CHECK  VISA  MASTERCARD  DISCOVER

EXPIRES: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_ BANKCARD NUMBER: \_\_\_\_\_

Mail or Fax to: Department of Building and Planning  
1026 West Broadway Avenue \* Spokane, WA 99260-0050  
Telephone No. (509) 477-3675 \* Fax No. 477-7198 \* TDD No. (509) 477-7133