



City of Sumner Mechanical & Plumbing Permit Application

Community Development
cd@sumnerwa.gov

(253)299-5530

www.sumnerwa.gov

Permit Type:

☐ Commercial (pdf) or ☐ Residential

MINIMUM SUBMITTAL REQUIREMENTS FOR COMMERCIAL PROJECTS: signed application, detail drawings, site plan, fixture units and sizes as required. **Exterior building elevations and screening details - applicant must show or describe how the rooftop and/or above ground mechanical units will be screened from streets, sidewalks, trails and neighboring properties.

SUBMIT APPLICATIONS ELECTRONICALLY BY FOLLOWING OUR CITY OF SUMNER ELECTRONIC SUBMITTAL REQUIREMENTS:

Site/Project Address (if available):		Parcel #:		
Owner:	Phone:	Email:		
Owner Address:	City:	State:	Owner Zip:	
Surveyor/Engineer/Contractor:		Phone:	Contractor License Number:	
Address:	Email:	City:	State:	Zip:
Contact Person:	Phone:	Fax:		
Contact Address:	Email:	City:	State:	Contact Zip:

Description of Project:

Plumbing (please indicate the number of new or relocated fixtures)

<input type="checkbox"/> Bathtub	<input type="checkbox"/> Gray Water System	<input type="checkbox"/> Pool or Spa (circle one)
<input type="checkbox"/> Clothes Washer	<input type="checkbox"/> Grease Interceptor/ grease trap	<input type="checkbox"/> Reclaim Water System
<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Hose Bibs	<input type="checkbox"/> Shower
<input type="checkbox"/> Drinking Fountain	<input type="checkbox"/> Rain System	<input type="checkbox"/> Shower/Tub Combo
<input type="checkbox"/> Drains	<input type="checkbox"/> Sinks	<input type="checkbox"/> Toilet
<input type="checkbox"/> Water Heater	<input type="checkbox"/> Water piping & treatment	<input type="checkbox"/> Urinal
<input type="checkbox"/> Other _____		
<input type="checkbox"/> Water Service (size of pipe _____ inches)		
<input type="checkbox"/> Backflow Preventer: (size _____ inches) _____ DCVA _____ RPBA		
Describe: _____		Total Number of Fixtures _____

Mechanical (please indicate the number of new or relocated appliances)

<input type="checkbox"/> Air Handling Unit	<input type="checkbox"/> Fans	<input type="checkbox"/> Other _____
<input type="checkbox"/> Air conditioner	<input type="checkbox"/> Furnace	<input type="checkbox"/> Refrigeration Equipment
<input type="checkbox"/> Appliances	<input type="checkbox"/> Fireplace	<input type="checkbox"/> Unit Heater
Boiler/Compressor/ Roof Unit	<input type="checkbox"/> Floor Furnace	<input type="checkbox"/> Appliance Vents - Single Duct
<input type="checkbox"/> > 50hp / >1.75M Btu/h	<input type="checkbox"/> Gas Piping (# of outlets)	<input type="checkbox"/> Medical Gas Piping
<input type="checkbox"/> > 30hp / >1 - 1.75M Btu/h	<input type="checkbox"/> Heat pump	
<input type="checkbox"/> > 15hp / >500 - 1M Btu/h	<input type="checkbox"/> Comm. Kitchen Exhaust Hood	
<input type="checkbox"/> > 3hp / >100 - 500 Btu/h	(type: _____)	
<input type="checkbox"/> <3hp / <100,000 Btu/h	<input type="checkbox"/> Water Heater	Total Number of Fixtures _____

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT.

**BY LEAVING THE CONTRACTOR INFORMATION SECTION BLANK, I HEREBY CERTIFY FURTHER THAT CONTRACTORS (GENERAL OR SUBCONTRACTORS) WILL NOT BE HIRED TO PERFORM ANY WORK IN ASSOCIATION WITH THIS PERMIT. (Building permits only)

SIGNATURE OF OWNER / AUTHORIZED AGENT _____

PRINTED NAME _____ DATE: ____ / ____ / ____