



City of Carnation

4621 Tolt Avenue
PO Box 1238
Carnation, WA 98014

Plumbing Permit # _____
Inspection Line (425)333-4192
24 Hrs. Notice Required for Inspection

Project Name: _____

Permit Name: _____ Permit Address: _____
Permit Use: _____ Owner's Address (if different than above:) _____
Contractor: _____ ID# _____ Address: _____
Contact Person: _____ Phone: (____) _____ Cell#: (____) _____
Parcel #: _____ Plat Description: _____
Date of Application: _____ Date Approved: _____ Issued By: _____ Date Issued: _____

Zone: _____ Occupancy: _____ Type of Construction: _____ Building Sq. Ft.: _____
Set Backs: Front: _____ Side: _____ Rear: _____ Stories: _____ Height limit: _____ Valuation: _____

<input type="checkbox"/>	Bathtub
<input type="checkbox"/>	Bidet
<input type="checkbox"/>	Clotheswasher
<input type="checkbox"/>	Dishwasher
<input type="checkbox"/>	Floor Drain
<input type="checkbox"/>	Floor Sink

<input type="checkbox"/>	Hose Bibbs
<input type="checkbox"/>	Kitchen sink
<input type="checkbox"/>	Laundry Sink
<input type="checkbox"/>	Lavatory
<input type="checkbox"/>	Mop Sink
<input type="checkbox"/>	Shower

<input type="checkbox"/>	Shower/Tub Combo
<input type="checkbox"/>	Spa/Hot Tub
<input type="checkbox"/>	Urinal
<input type="checkbox"/>	Water Closet
<input type="checkbox"/>	Water Heater
<input type="checkbox"/>	Repair:

<input type="checkbox"/>	Gas Piping
<input type="checkbox"/>	Grease Int./Trap
<input type="checkbox"/>	Medical Gas Piping
<input type="checkbox"/>	
<input type="checkbox"/>	Total Fixtures

Building Conditions

All permits expire 180 days after issuance if no work is started. I certify that the information furnished by me is true and correct to the best of my knowledge and the applicable City of Carnation requirements will be met.
Errors or omissions to the plans/work is the sole responsibility of the owner/agent/contractor.

Owner, agent or contractor: _____ Date: _____

Building Inspections

Plumbing Ground work Date: _____ By: _____ [] See attached
Comments: _____
Plumbing Rough-in Date: _____ By: _____ [] See attached
Comments: _____
Gas Test _____ lbs. Date: _____ By: _____ [] See attached
Comments: _____
Building Dept. Final Date: _____ By: _____ [] **Utility as-built**