



CITY OF ALGONA  
200 WASHINGTON BLVD  
ALGONA WA 98001  
(253) 833-2741  
Fax (253) 939-3366

Application expires 180 days after date of issue.

PLEASE PRINT

## PLUMBING PERMIT APPLICATION

Project Name: \_\_\_\_\_

Describe work: \_\_\_\_\_

Is there a building permit for any construction? ☐ Yes

Date of application \_\_\_\_\_

Project Address: \_\_\_\_\_

Building Type: \_\_\_\_\_

☐ No If so, permit # \_\_\_\_\_

Building/Property Owner		
Name: _____		
Contact Person: _____		
Address: _____		
City: _____	St: _____	Zip: _____
Phone: _____	Email: _____	

Contractor		
Company Name: _____		
Contact Person: _____		
Address: _____		
City: _____	St: _____	Zip: _____
Phone: _____	Email: _____	

### PLEASE INDICATE THE NUMBER OF NEW, RELOCATED, OR REPAIRED FIXTURE(S)

___	Bathtubs
___	Bidet
___	Clothes washer
___	Dishwasher
___	Drinking Fountain
___	Floor Drain

___	Floor Sink
___	Hand Sink (LAV)
___	Hose Bib
___	Kitchen Sink
___	Laundry Sink
___	Roof Drain

___	Service Sink
___	Shower
___	Shower/Tub Combo
___	Toilet (WC)
___	Urinal
___	Water Heater

___	Other: _____
___	Repair: _____
___	_____
___	<b>Total Fixtures</b>

I certify that the information contained herein is correct and complete. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection purposes. I am either the owner of the property described on this permit application the contractor responsible for the work, or I represent the owner or contractor as signified above and ma acting with the owner's/contractor's full knowledge and/or consent.

\_\_\_\_\_  
Print name of Applicant

\_\_\_\_\_  
Signature of Applicant

### OFFICE USE ONLY

Permit issued by: \_\_\_\_\_

Date of approval: \_\_\_\_\_

Receipt No. \_\_\_\_\_ Date Paid: \_\_\_\_\_ Check No. \_\_\_\_\_