



INCORPORATED IN 1912
 • 103 W. Madison Street
 Whatcom County • Nooksack, Washington 98276
 (360) 966-2531 • Fax (360) 966-2505 • www.cityofnooksack.com

PLUMBING PERMIT

All applicable information must be included. Your application may not be accepted if this form is incomplete.
PLEASE TYPE OR PRINT ALL INFORMATION IN INK

1. Job site address: _____	Tax Parcel Number: _____
2. Legal Property Owner: _____	Daytime Phone: _____ - _____ - _____
Address: _____ City: _____	State: _____ Zip: _____
3. Applicant/Contact Person: _____	Daytime Phone: _____ - _____ - _____
Address: _____ City: _____	State: _____ Zip: _____
4. Contractor: _____	Daytime Phone: _____ - _____ - _____
Address: _____ City: _____	State: _____ Zip: _____
License #: _____	Expiration Date: _____

Heat source (check one) Natural Gas Propane Oil Electric

PLUMBING	Fee	No.
Bathtub		
Water closet(Toilet)		
Lavatory		
Shower		
Kitchen sink & Disposal		
Dishwasher		
Laundry Tray		
Clothes Washer		
Clothes Dryer (electric)		
Hot Water Tank (electric)		
Urinal		
Drinking Fountain		
Floor Drain		
Roof Drain/Rainleaders		
Sink (service, bar, etc.		
Hot Tub/Pool/Misc.		
Hose Bibbs (faucets)		
Sub Total		
Permit Fee		
Total Fee		

Applicant attests that all information provided on this application and
 Accompanying material is true and accurate!

I certify that I've read, understand, and acknowledge that this permit expires if work or construction authorized herein has not commenced within 180 days
 has lapsed since my last inspection.

APPLICANT SIGNATURE: _____ DATE: _____