



City of Ferndale
 Building Department
 2095 Main Street/PO Box 936
 Ferndale, WA 98248
 (360) 685-2369 phone
 (360) 384-5189 fax
 www.cityofferndale.org

PLUMBING APPLICATION %2017

OWNER CONSENT FORM IS REQUIRED

*****ALL INFORMATION MUST BE COMPLETED*****

Project Address	
Parcel Number REQUIRED	
Commercial: <input type="checkbox"/>	New Work: <input type="checkbox"/>
Residential: <input type="checkbox"/>	Alterations to existing: <input type="checkbox"/>
PROPERTY OWNER <input type="checkbox"/>	APPLICANT <input type="checkbox"/>
Name: _____	
Mailing Address: _____	
City: _____ State: _____ Zip: _____	
Phone: (____) _____ Cell: (____) _____	
Email: _____	
CONTRACTOR <input type="checkbox"/>	
APPLICANT <input type="checkbox"/>	
Company Name: _____	
Contact Name: _____	
Mailing Address: _____	
City: _____ State: _____ Zip: _____	
Phone: (____) _____ Cell: (____) _____	
Email: _____	
State License #: _____ Exp: _____	
REQUIRED MM/DD/YY	
Ferndale Business License #: _____	
REQUIRED	
BUSINESS TENANT <input type="checkbox"/>	
APPLICANT <input type="checkbox"/>	
Business Name: _____	
Ferndale Business License #: _____	
REQUIRED	
Contact Name: _____	
Address: _____	
City: _____ State: _____ Zip: _____	
Phone: (____) _____ Cell: (____) _____	
Email: _____	

OFFICE USE ONLY			
PERMIT # _____		DATE RECEIVED: _____	
ASSOCIATED PERMIT NUMBERS _____			
FIXTURE	NO.	FEE	AMOUNT
Water Closet (Toilet)		\$7.00	
Bathtub		\$7.00	
Lavatory (Wash Basin)		\$7.00	
Shower		\$7.00	
Sink and/or Disposal		\$7.00	
Dishwasher		\$7.00	
Laundry Tub/Sink/Tray		\$7.00	
Clothes Washer		\$7.00	
Urinal		\$7.00	
Drinking Fountain		\$7.00	
Floor Sink or Floor Drain		\$7.00	
Sewer		\$16.00	
Slop Sink		\$7.00	
Grease Traps		\$7.00	
Install/Repair Drain and/or Vent Piping		\$7.00	
Hose Bibs		\$7.00	
Electric Water Heater (if gas, use Mechanical Permit)		\$7.00	
Waste Interceptor		\$7.00	
Water Piping and/or Water Treating Equipment		\$7.00	
Gray Water System		\$46.00	
Rain Water System, per Drain Inside Building		\$7.00	
Hot Tub		\$7.00	
Sprinkler System		\$7.00	
Medical Gas Piping *Two set	1-5 Outlets	\$57.00	
	Each Additional Outlet	\$5.00	
Vacuum Breakers	1-5 Breakers	\$5.00	
	Additional Breakers	\$1.00	
Backflow Preventer	2" or smaller	\$7.00	
	Over 2"	\$16.00	
Other:			
Fixture Subtotal		\$	
Archive Fee		\$10.00	
+ General Permit Fee		\$39.00	
Plan Review, if applicable, minimum \$100.00 per hr.		\$100	
TOTAL FEE DUE		\$	

I am the owner of the property described above or am authorized by the owner to sign and submit the application. I certify under penalty of perjury of the laws of the State of Washington that the information on this application and all information submitted herewith is true, complete and correct. I also acknowledge that by signing the application I am the responsible party to receive all correspondence from the City regarding this project including, but not limited to, expiration notifications. If at any point, during review or inspection process, I am no longer the Applicant for this project, it is my responsibility to update the information with the City in writing in a timely manner.

Signature: _____ Print Name: _____ Date: _____



OWNER CONSENT FORM

NOTE: TENANTS ARE NOT USUALLY OWNER OF PROPERTY

*****THE CITY CANNOT ACCEPT AN APPLICATION THAT IS NOT ACCOMPANIED BY THIS FORM*****

The legal property owner must complete this form. If you are a legal property owner authorizing an agent, contractor, and/or tenant/lessee to apply for permits and/or perform construction work on your behalf you, the owner, must also complete the "Designation of agent/Contractor/Tenant/Lessee" portion of this form.

STATEMENT OF OWNERSHIP

I/we, the undersigned property owners, under penalty of perjury, state that I/we am/are the legal owner(s) of the property described as follows: **(this information can be found at the Whatcom County Assessor's Office)**

Legal Description: _____ [attach additional sheet(s) as necessary]

Property Address: _____

Tax Assessor Parcel #: _____

DESIGNATION OF AGENT/CONTRACTOR/TENANT/LESEE

I/we hereby designate the following party to act as my/our agent with respect to this application submitted to the City of Ferndale.

Name of Designated Individual: _____

Role of Individual: *Perform Construction Submit Permit (Mark all that apply)

***If not a registered contractor, you must be able to meet exemptions per RCW 18.27.090**

LEGAL OWNER MUST READ AND SIGN

I UNDERSTAND THAT I AM CONSENTING TO ALLOW THE INDIVIDUAL DESIGNATED ABOVE TO APPLY FOR THIS PERMIT AND/OR PERFORM THE CONSTRUCTION WORK (IDENTIFIED BY THIS APPLICATION ONLY) ON THE SUBJECT PROPERTY. IN ADDITION, MY SIGNATURE BELOW ALLOWS CITY STAFF INVOLVED IN THIS APPLICATION TO ENTER ONTO AND INSPECT THE SUBJECT PROPERTY FOR THE SOLE PURPOSE OF MAKING ANY EXAMINATION OF THE PROPERTY, WHICH IS DEEMED NECESSARY BY STAFF TO PROCESS THIS APPLICATION AND PERFORM INSPECTIONS.

OWNER INFORMATION/SIGNATURE

Owner Name (print): _____

Mailing Address: _____

Telephone: _____

Does Owner intend to maintain "Ownership" for twelve months from date of "Final Occupancy":

YES *NO

*If you mark "No", you may be required to register as a General Contractor with the Washington State Department of Labor and Industries prior to submitting your building permit, per RCW 18.27.090(12).

I HAVE READ AND UNDERSTAND RCW 18.27.090 (EXEMPTIONS) AS IT APPLIES TO THIS PERMIT

OWNER SIGNATURE

DATE