



**City of Newport**  
 200 S. Washington Ave.  
 Newport, WA 99156  
 Phone: (509) 447-5611  
 CityofNewport@newport-wa.org

# PLUMBING PERMIT APPLICATION

Permit Number: \_\_\_\_\_

## PROJECT INFORMATION:

Job Site Address: \_\_\_\_\_

Tax Parcel ID: \_\_\_\_\_ Legal Description: \_\_\_\_\_

\_\_\_\_\_ Township/Range/Section: \_\_\_\_\_

Directions to Site: \_\_\_\_\_

Description of Work: \_\_\_\_\_

Property Owner		Contractor	
<b>Name:</b>		<b>Company:</b>	
<b>Mailing:</b>		<b>Address</b>	
<b>City:</b>		<b>City</b>	
<b>State:</b>	<b>Zip:</b>	<b>State:</b>	<b>Zip:</b>
<b>Phone:</b>		<b>Phone:</b>	
<b>Email:</b>		<b>Email:</b>	
		<b>License:</b>	

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 or implied herein or not.

\_\_\_\_\_  
 Signature of Property Owner

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Contractor

\_\_\_\_\_  
 Date

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### FOR DEPARTMENT USE ONLY

Plumbing Permit Fee \_\_\_\_\_

TOTAL PERMIT FEE \_\_\_\_\_

\_\_\_\_\_  
 Signature of City Deputy Clerk or Clerk/Treasurer

\_\_\_\_\_  
 Signature of Building Inspector