

# Town of Friday Harbor

PO Box 219 / Friday Harbor / WA / 98250

(360) 378-2810 / fax (360) 378-5339 / [www.fridayharbor.org](http://www.fridayharbor.org)

## Plumbing Permit Application

Application date	Tax parcel number	<b>Office Use Only</b>	
		<b>PL#</b>	<b>Date Permitted</b>
Legal Property Owner		Owner Telephone Number	
Owner Address		Email Address	
Plumbing Company Name		WA State L& I License #	UBI #
Water Meter Size	Job Location – Street / Road		
Property Owner's or Authorized Agent's Signature			

No.	TYPE OF FIXTURE	FEE EA.	FEE	Work / Use
	Water Closet (Toilet)	8.75		
	Bathtub	8.75		
	Lavatory (Wash Basin)	8.75		
	Shower	8.75		
	Kitchen Sink & Disposal	8.75		
	Dishwasher	8.75		
	Laundry Tray	8.75		
	Clothes Washer	8.75		
	Urinal	8.75		
	Drinking Fountain	8.75		
	Floor – Sink or Drain	8.75		
	Water Structure Connection	18.75		
	Sewer Structure Connection	18.75		
	Water Heater-Thermal Expansion Tank Required	8.75		
	Waste Interceptor	8.75		
	Water Supply Piping / Pressure Test	8.75		
	Lawn Sprinkler System (\$7 ea per # of zones)	8.75		
	Vacuum Breakers (Hose Bibs)	6.25		
	Back Flow Device (see attached questionnaire & submit)	8.75		
	<b>Original Permit</b>	25.00		Enter a "1" in the field left of "Original Permit" to include the base permit fee of \$25.00 in the total fee.  If adding to an existing/ original plumbing permit, enter a "1" in the field left of "Supplemental Permit".
	Supplemental Permit (if adding to an Original Permit)	12.50		
	<b>TOTAL FEE</b>			



Town of Friday Harbor  
 Water Department  
 P.O. Box 219 \* 501 Marguerite St.  
 Friday Harbor, WA 98250  
 Phone (360) 378-8353

## Water Service Connection Questionnaire

Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
**Water Service Address:** \_\_\_\_\_  
 Parcel #: \_\_\_\_\_ Type of Service: Residential \_\_\_\_\_ Commercial \_\_\_\_\_  
 If commercial, type of Business: \_\_\_\_\_  
 Number of Stories: \_\_\_\_\_ Number of units/businesses on meter: \_\_\_\_\_

**Please indicate all that apply for planned or current water use. This questionnaire must be completed before water utilities permit is issued.**

<b>Residential:</b>	<b>YES</b>	<b>NO</b>	<b>DON'T KNOW</b>	<b>OFFICIAL USE</b>
Lawn irrigation system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming pool or hot tub?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photo Lab, chemical, medical or other lab facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private well or auxiliary water supply?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lawn or garden chemical sprayers attached to hose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water softener or other treatment systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In floor heating system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler heating system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire sprinkler system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Commercial:</b>	<b>YES</b>	<b>NO</b>	<b>DON'T KNOW</b>	<b>OFFICIAL USE</b>
Lawn irrigation system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbonation equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice machine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire sprinkler system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In floor heating system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water softener or other treatment systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photo lab, chemical, medical or other lab facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming pool or hot tub?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private well or auxiliary water supply?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water-cooled equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Janitor's sink?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floor Drain Trap Primer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry/dry cleaning facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beverage bottling, food processing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veterinarian facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baptismal pool?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>