



Ferry County Building Dept.  
 Post Office Box 305  
 Republic, WA 99166  
 (509) 775-5225 Ext 3101  
 pbasst@co.ferry.wa.us

# PLUMBING/MECHANICAL PERMIT APPLICATION

A permit will NOT be issued until all questions are answered and requirements are met. An accurate plot plan must be submitted before a permit can be issued.

Physical address & directions to job site:

Property Owner \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Tax Parcel # \_\_\_\_\_

Contractor \_\_\_\_\_

Contractor Street Address \_\_\_\_\_

Contractor City, State, Zip \_\_\_\_\_

License # \_\_\_\_\_

Contractor Phone \_\_\_\_\_

Contractor email \_\_\_\_\_

Proposed Start Date \_\_\_\_\_

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### Type of Inspection

- \_\_\_\_\_ Plumbing
- \_\_\_\_\_ Mechanical
- \_\_\_\_\_ Wood/ Propane Stove
- \_\_\_\_\_ Fireplace/Chimney
- \_\_\_\_\_ Gas Line/Propane Tank\*
- \_\_\_\_\_ Solar

\* Provide a plot plan for propane tanks

**This section completed by the county.**

I certify that I have read and understand this application and know the same to be true and correct. All provisions or laws and ordinances governing this type of work will be complied with whether specified herein or not.

Owner Signature \_\_\_\_\_

Agent's Signature \_\_\_\_\_

### Permit Fees

Basic Fee	\$	47.00
Travel Fee @ \$47/hr	\$	_____
Plan Review @ \$47/hr	\$	_____
Other Inspection @ \$47/hr	\$	_____

Date \_\_\_\_\_ Total Fees = \$ \_\_\_\_\_

Permit # \_\_\_\_\_

Date Issued \_\_\_\_\_