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CITY OF KENMORE, WA COMMERCIAL PLUMBING CHECKLIST



18120 68th Ave NE, Kenmore, WA 98028

425-398-8900

www.kenmorewa.gov

| require any of | nit Application needs ements and number of the following minimu em the application co | of copies to m items n | he applica | ant must | submit for the | e City | y of Ken | more | to accept the a | pplication. S | Should |
|------------------------|--|----------------------------------|---|--|-------------------|--------|------------|--------|-----------------|---------------|--------|
| Permit #: | | | | Related permits: | | | | | ST | TAFF USE AREA | |
| 1 | Project Name: | | | | | Lo | t #: | | | | |
| | Property Address: | | | | | | | | _ | | |
| | Project valuation: | | | | | _ | | | | | |
| | | | | | | | | | | Date Stamp | |
| 2 | | | | | | | | | | | |
| _ | | New or | | | | Г:, | eturo uni | ito* | Sub-total | | |
| Fixtur | e(s) | Moved | Exis | ting | Sub-total | F1) | xture uni | its | Fixture units | | |
| Bathtu | b | | + | = | | Χ | 4.0 | = _ | | | |
| Clothe | s washer | | + | = | | Χ | 4.0 | = _ | | | |
| Dishwa | asher | | + | = | | Χ | 1.5 | = . | | | |
| Drinkir | ng fountain | | + | = | | Χ | 0.5 | = | | | |
| Hose b | pibb (1 st) | | + | = | | Χ | 2.5 | = . | | | |
| Hose b | oibb (each add) | | + | = | | Χ | 1.0 | = . | | | |
| Ice ma | chine | | + | = | | Χ | 0.5 | = _ | | | |
| Lavato | ry (bathroom sink) | | + | = | | Χ | 1.0 | = | | | |
| Lawn | sprinkler head | | + | = | | Χ | 1.0 | = . | | | |
| Mop si | nk | | + | = | | Χ | 1.5 | = . | | | |
| | e. kitchen/laundry) | | + | = | | Χ | 1.5 | = . | | | |
| Showe | - | | + | = | | Χ | 2.0 | = . | | | |
| | (w/tank) | | + | = | | Χ | 2.5 | = . | | | |
| Other | | | + | = | | Χ_ | | _ = . | | | |
| Other | | | + | = | | Χ_ | | _ = . | | | |
| | (w/flushometer) | | + | = | | _ X _ | | _ = . | | | |
| | (w/flushometer) | | + | = | | | ture Un | | | | |
| Backflow preventer | | ····· | | Applicant | Staff | | | | | | |
| Floor sink | | | | Distance from meter to most remote fixture | | | | | | | |
| Grease interceptor | | | Elevation difference from meter to highest fixture | | | | | | | | |
| Medica | al gas outlet | | | Pressu | re in street main | (mea | sure w/gai | uge or | check with NUD) | | |
| Pressure reducer | | | New or Existing Building domestic water supply size | | | | | | | | |
| Roof drain (flat roof) | | New or Existing Water meter size | | | | | | | | | |
| Water | heater (electric) | | | | | | | | | | |
| Other | | | | | | | | | | | |
| Other | | | | | | | | | | | |
| Total pr | oposed fixtures | | | | | | | | | * = see | notes |

| 3 | Submittal Requirements for Commercial and Multi-family. Plans must be submitted for review and approval whenever the scope of work is too complex for inspection alone as determined by the building official. Applicant, please check each box under the applicant heading on this checklist to confirm items included in your submittal. If you think an item is not applicable, you must contact the appropriate department prior to your intake, to have the item(s) initialed as not required. The minimum scale for drawings is ½" = 1 foot. | | | | | | | | | |
|---|---|---------------|--|--|--|--|--|--|--|--|
| | Appl. Staff A completed permit application (one for each building and/or accessory structure) Construction plans with (floor plan with piping layout and isometric or elevation plan): Location of appliances, appurtenances, fixtures, and valves Pipe sizes and lengths Pipe materials identified Hangers and supports specified Water usage of fixtures specified Cross connection control detailed Anchorage of appliance or equipment detailed | of Copies 1 2 | | | | | | | | |
| | For grease interceptor: Provide size calculations (see UPC Table 10-2 or 10-3) Detail installation | 2 | | | | | | | | |
| | For roof drainage system: Provide roof plan showing locations of drains Pipe sizes, lengths and material identified Overflow detailed | 2 | | | | | | | | |
| | For medical gas systems: Floor plans with locations of equipment and cylinders and compressed air, gas and vacuum systems Detail enclosure construction and ventilation Specify pipe sizes, materials, identifications, hangers and supports Structural calculations for both gravity and lateral supports and anchorage on | 2 | | | | | | | | |
| 4 | equipment weighing 400 lbs or more. * NOTES: Manufacturer's specifications and installation instructions should be submitted for each appliance. Plumbing Code Appendix A may be used to size the plumbing system. Where plan checks are performed a plan check fee of 65% of the permit fee will be assessed. A 3% technology fee applies to plan check and permit fees. For applications received at the permit counter payments shall be cash or check only. Online submitt received via www.mybuildingpermit.com can be paid for with a credit or debit card. | als | | | | | | | | |