



# Burien

Washington, USA

## Plumbing Permit Application Commercial/Multi-Family

400 SW 152<sup>nd</sup> Street, Suite 300. Burien, WA 98166  
Phone: (206) 241-4647 • FAX: (206) 248-5539  
www.burienwa.gov

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

### PROJECT DESCRIPTION

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### PROPERTY INFORMATION

Site Address:	Parcel Number:
Name of Business or Tenant:	

### PROPERTY OWNER INFORMATION

Property Owner Name:	Daytime Phone:	Cell Phone:
Mailing Address:	E-Mail:	

### APPLICANT INFORMATION

Name:	Daytime Phone:	Cell Phone:
Mailing Address:	E-Mail:	

### CONTRACTOR

Name:	Company:	Daytime Phone:	
Mailing Address:	Cell Phone:		
Contact person (if different):	E-Mail:		
Burien Business License Number:	Contractor's License #: <b>(card must be presented)</b>	Expiration Date:	Verified: Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>VALUATION:</b> (Based on Fair Market Value for the cost of materials and installation.)	\$ _____
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### OWNER / CONTRACTOR AFFIDAVIT (Check box if applicable)

I am not a contractor, specialty contractor or a general contractor and wish to be exempt from the requirements of the Washington State Contractor's Act, per RCW 18.27.090, and will abide by all provisions and conditions of the exemption as stated. I agree that if I use the assistance of any person/s to provide labor, materials and/or any assistance on any aspect/s of the construction, alteration or repair authorized by the building permit, the aggregate compensation for which equals or exceeds \$500, I will retain only contractors registered and currently licensed as required under the laws of the State of Washington. I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

I am also aware that the City of Burien requires all persons doing business within the City of Burien to hold current City Business Licenses. This includes contractors, specialty contractors, tradespersons, and any other person offering their service for hire, even if they have no office within the city limits.

**As an owner / contractor, I agree to retain only contractors, specialty contractors, tradespersons, and others doing work on my project who hold a current City of Burien business license.**

### EXPIRATION OF PLAN REVIEW

**NOTICE:** Applications that are subject to plan review and for which no permit has been issued may be canceled for inactivity, if an applicant fails to respond to the building department's written request for revisions, corrections, actions or additional information within 90 days of the date of the request. Applications for which no permit is issued within 18 months following the date of application shall expire and all fees paid shall be forfeited.

### RIGHT OF ENTRY

**NOTICE:** Issuance of the building permit automatically conveys to the Building Department the authority to enter the premises at reasonable hours for the purposes of inspecting the project and adherence to the terms of the permit until such time as the project is complete AND final inspection is approved.

The following information is needed in order to determine whether this permit requires plan review or can be issued over the counter.

<b>1. Occupancy Type:</b> (Select the occupancy type which most closely represents the building's use.)			
<input type="checkbox"/> <b>Non-Residential:</b> Buildings, structures or facilities other than residential (office buildings, shopping centers, industrial parks, churches, hotels, schools, hospitals, government) or an accessory structure to this occupancy type.			
<input type="checkbox"/> <b>Multi Family Residential:</b> 3 or more dwelling units or an accessory structure to this type of occupancy.			
<input type="checkbox"/> <b>Mixed Use:</b> Buildings, structures or facilities that include residential and non-residential occupancies or an accessory structure to this occupancy type.			
<b>2. Activity Type</b>			
<input type="checkbox"/> <b>Alteration:</b> Any construction, renovation or modification to an existing system that results in a change to the arrangement, type of use or purpose of the original installation (Does not include work within any new floor area.) (Tenant Improvement) <sup>1</sup>			
<input type="checkbox"/> <b>Addition:</b> Work necessary for the completion of new square footage attached to an existing structure, which can include alterations to the existing building or system. <sup>1</sup>			
<input type="checkbox"/> <b>New:</b> Work necessary for the construction of an entirely new structure. <sup>2</sup>			
<input type="checkbox"/> <b>Replacement/Repair:</b> Work to repair or replace a legally installed existing component/fixture. Replacement is like for like.			
<b>3. Does the permit include work in any of the following areas?<sup>4</sup></b>			
<input type="checkbox"/> Commercial Kitchen	<input type="checkbox"/> Food Preparation / Service	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Medical Gas Piping
<b>4. Is any of this work being done in conjunction with a tenant improvement?</b>			
<input type="checkbox"/> Yes	If you answered yes, please provide the building permit number for the project _____		
<input type="checkbox"/> No	(Please note that a building permit application must be received prior to approval of Mechanical, Electrical, and Plumbing permits associated with a tenant improvement.)		
<b>5. Is any other work being done at the site for which other permits will or have been obtained? Please select all that apply.</b>			
<input type="checkbox"/> Building	<input type="checkbox"/> Electrical	<input type="checkbox"/> Fire System	<input type="checkbox"/> Mechanical
<input type="checkbox"/> Plumbing	<input type="checkbox"/> No other permit required		
<b>6. Select fixtures that apply and provide quantity. (example: 3 Backwater Valve)</b>			
<b>DRAINS</b>	<b>FIXTURES</b>	<b>PIPING</b>	<b>TRAPS, PUMPS AND INTERCEPTORS</b>
___ Floor Drain	___ Bidet	___ Backflow Preventer	___ Grease Interceptor / Trap <sup>4</sup>
___ Indirect Drain	___ Clothes Washer <sup>3</sup>	___ Backwater Valve	___ Oil or Sand Interceptor <sup>4</sup>
___ Roof Drain – Interior <sup>4</sup>	___ Dishwasher	___ Water Piping	___ Sewage Ejector/ Grinder Pump
___ Roof Drain- Exterior <sup>4</sup>	___ Drinking Fountain	___ Water Service	___ Sump Pump <sup>4</sup>
___ Storm or Yard Drain	___ Expansion Tank	<b>SINKS</b>	___ Industrial Waste Interceptor <sup>4</sup>
___ Trap Primer	___ Ice Maker	___ Bar Sink	
___ Underslab Footing Drain	___ Pressure Reducing Valve	___ Bathroom Sink	
	___ Shower, Tub or Combo	___ Commercial Kitchen Sink	<b>SYSTEMS</b>
<b>OTHER</b>	___ Toilet	___ Floor Sink	___ Engineered Laboratory System Piping <sup>4</sup>
___	___ Urinal	___ Kitchen Sink	___ Medical Gas System <sup>4</sup>
___	___ Water Heater Electric	___ Laundry Sink	___ Rain Water Recovery System <sup>4</sup>
___	___ Water Heater Electric - Tankless	___ Mop Sink	___ Reclaimed Water System <sup>4</sup>
___	___	___ Service Sink	
<b>Total # of Fixtures listed above</b> _____		<b>Total # of Floors serviced</b> _____	<b>Water Service (size of pipe: _____ inches)</b>

1. Non-residential or mixed-use addition or alteration projects with more than 10 fixtures require plan review.
2. New multifamily projects with 3 or more dwelling units and new non-residential projects require plan review (except IRC townhomes)
3. The addition of washing machines in multi-family units requires plan review.
4. Review is required to evaluate the materials to be replaced and or installed.

I certify under penalty of perjury that the information furnished by me is true and correct to the best of my knowledge, and further, that I am the owner of this property or am authorized by the owner above to perform the work for which permit application is made. I further agree to save harmless the City of Burien as to any claim (including costs, expenses, and attorney incurred in investigation and defense of such claim), which may be made by any person, including the undersigned, and filed against the City of Burien, but only where such claim is out of the reliance of the City, including its officers and employees, upon the accuracy of the information supplied to the City as part of this application.

<b>Owner's Signature:</b>	<b>Date:</b>
<b>Print Name:</b>	
<b>Authorized Agent's Signature:</b>	<b>Date:</b>
<b>Print Name:</b>	



# Burien

Washington, USA

## PLUMBING PERMIT CHECKLIST FOR COMMERCIAL OR MULTI-FAMILY PERMIT SUBMITTALS

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When plan review is required, the following items must be provided as applicable to the project in order to properly apply for a Commercial or Multi-family plumbing permit.

Plans and application cannot be accepted if the requested information is incomplete. Include this checklist with your application.

### PLAN REQUIREMENTS

- Pipe size and fixture units for sanitary and potable water systems.
- Calculations for water meter sizing and DWV fixture units for building drain and roof drains.
- Location and type of proposed fixtures.
- Riser diagram with waste, vent and potable water piping locations and sizes.
- Isometric drawings are required for buildings over 3 stories, commercial kitchens and grocery stores.
- Medical gas piping: plot plan of the site indicating the location of existing or new cylinder storage areas, property lines, driveways, and existing or proposed new buildings. Show piping layout of the proposed piping system or alteration, including alarms, valves, origin of gases, and user outlets/inlets. The demand and loading of any piping, existing or future, shall also be indicated. Indicate all alarms and backup power supply for the alarms. Include complete specifications of materials. UPC Sec 1312.2
- Sumps: Show elevations of finish floor and of sanitary sewer.
- Underslab footing drains: Detail of drains/cleanouts and design in accordance with the geotechnical engineer.
- Pipe size and square footage of roof area for roof drains/overflows. Include details and calculations.
- Misc details showing construction of interceptors, piping support, firestop penetration systems, etc.

### STRUCTURAL REQUIREMENTS

- Provide framing plans and calculations, for vertical and lateral loads, stamped by a Washington State registered professional engineer for units weighing more than 400 pounds.
- All floor supported plumbing fixtures must be anchored to the structure to resist displacement vertically and on both horizontal axis due to seismic motion. Specify anchorage for floor supported equipment on plans.
- Suspended plumbing equipment shall have rigid vertical hangers and be braced in both horizontal directions. Connections by pipes or ducts that are, or contain non-rigid elements are not of inherent sufficient strength, or which are not adequately anchored will not be acceptable as equipment or appliance anchors. Detail anchorage for suspended equipment on drawings.
- Where the Occupancy Category of a Building is classified as a Category III or IV occupancy per IBC Table 1604.5, provide seismic design for anchorage as specified in the IBC and ASCE 7 as required.