



Plumbing Submittal Information

P 44

Development Services Department

865 S.E. Barrington Dr. ~ Oak Harbor, WA 98277 ~ Phone (360) 279 4510 ~ Fax (360) 279-4519

Project Address: _____ Parcel ID #: _____

Lot #: _____ Subdivision: _____

Project Description: _____

Type of Permit: () New Residential () Addition () Alteration () Remodel
 () Replacement () Service line () Other _____

Water Supply Piping

- A. Fixture Units: Number of Fixtures X Fixture Units = Total Fixture Units
- B. Distance from meter to most remote outlet: _____ feet.
- C. Difference in elevation between meter and highest fixture: _____ feet above meter or _____ feet below meter.
- D. Pressure in street main: _____ psi. (Measure with gauge or check with Water Department)

Number of Plumbing Fixtures (Including Rough-Ins)

Plumbing Fixtures	Accessory Dwelling unit	Main Residence	Total Fixture # X Multiplier	Total Number Fixtures Units
Bar Sink			X 1.0 =	
Bathtub or Combination Bath/Shower			X 4.0 =	
Clothes washer			X 4.0 =	
Dishwasher			X 1.5 =	
Hose Bibb			1st X 2.5 = Ea additional 1.0 =	
Kitchen Sink			X 1.5 =	
Laundry Sink			X 1.5 =	
Lavatory (Bathroom Sink)			X 1.0 =	
Shower (Stand Alone) Each Head			X 2.0 =	
Water Closet (Toilet)			X 2.5 =	
Whirlpool Bath or Combination Bath/Shower			X 4.0 =	
Water Heater				
Other			TOTAL	
Traps (other than above items)			FIXTURE UNITS:	

I hereby certify that the above information is correct and that the construction on, and the occupancy and the use of the above-described property will be in accordance with the laws, rules and regulation of the State of Washington.

Applicants Signature

Date

Print Applicants Name

FOR STAFF USE ONLY				
Permit # _____	Accepted By _____	Amount Received _____	Receipt # _____	Date Received _____