# PLUMBING PERMIT INFORMATIONAL HANDOUT

The following items must be provided 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. Applications and plans are now accepted through MyBuildingPermit and will only be accepted electronically. Use this checklist as a resource when preparing for a plumbing permit.

## 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 exiting 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.
- ☐ Sumps: Show elevations of finish floor and of sanitary sewer.
- ☐ Under-slab 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.
- ☐ Miscellaneous 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 Risk 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.

## WHICH PROJECTS WILL REQUIRE A PLAN REVIEW?

A plan Review is required to evaluate the materials to be replaced and or installed. The following projects will require a plan review:

- Non-residential or mixed-use addition or alteration projects with more than 10 fixtures
- New multifamily projects with 3 or more dwelling units and new non-residential projects (except IRC townhomes)
- The addition of washing machines in multi-family units

**INFORMATIONAL & REFERENCE USE ONLY**

Effective May 1, 2023, inspection requests, permit submittals, and payments for the City of Burien will only be accepted through **MyBuildingPermit.** Paper submissions will no longer be accepted. This document is intended to assist with preparation and planning for obtaining a plumbing permit.

| **Information on Plumbing Contractor Law and hiring a contractor can be obtained at https://lni.wa.gov/licensing-permits/contractors/hiring-a-contractor/** |
|---|
| Plumbing contractor license laws are regulated by Chapter 18.106 RCW. Property owners who hire an unlicensed plumber may assume the risks and potential monetary liability for work performed by unlicensed plumbing contractors. For more information contact L&I Department of Licensing at 1-800-647-0982. |

**The following information is needed in order to determine whether this permit requires plan review or can be issued over the counter. Single Family Residences and Townhomes do not require plan review.** (skip 1-5)

**1. Occupancy Type:** Select the type which most closely represents the buildings use.

- ☐ **Non-Residential:** 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.
- ☐ **Multi-Family Residential:** 3 or more dwelling units or an accessory structure to this type of occupancy.
- ☐ **Mixed Use:** Buildings, structures or facilities that include residential and non-residential occupancies or an accessory structure to this occupancy type.

**2. Activity Type**

- ☐ **Alteration:** 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) [1]
- ☐ **Addition:** Work necessary for the completion of new square footage attached to an existing structure, which can include alterations to the existing building or system. [1]
- ☐ **New:** Work necessary for the construction of an entirely new structure. [2]
- ☐ **Replacement/Repair:** Work to repair or replace a legally installed existing component/fixture. Replacement is like for like.

**3. Does the permit include work in any of the following areas?** [4]

| | | | |
|---|---|---|---|
| ☐ Commercial Kitchen | ☐ Food Preparation / Service | ☐ Laboratory | ☐ Medical Gas Piping |

**4. Is any of this work being done in conjunction with a tenant improvement?**

☐ Yes
☐ No

If you answered yes, please provide the building permit number for the project _____
(Please note that a building permit application must be received prior to approval of Mechanical, Electrical, and Plumbing permits associated with a tenant improvement.)

**5. Is any other work being done at the site for which other permits will or have been obtained? Please select all that apply.**

| | | | | | |
|---|---|---|---|---|---|
| Building | Electrical | Fire System | Mechanical | Plumbing | No other permit required |

**6. Select fixtures that apply and provide quantity.** (example: 3 Backwater Valve)

| **DRAINS** | **FIXTURES** | **PIPING** | **TRAPS, PUMPS, AND INTERCEPTORS** |
|---|---|---|---|
| Floor Drain | Bidet | Backflow Preventer | Grease Interceptor / Trap [4] |
| Indirect Drain | Clothes Washer [3] | Backwater Valve | Oil or Sand Interceptor [4] |
| Roof Drain – Interior [4] | Dishwasher | Water Piping | Sewage Ejector/ Grinder Pump |
| Roof Drain- Exterior [4] | Drinking Fountain | Water Service | Sump Pump [4] |
| Storm or Yard Drain | Expansion Tank | **SINKS** | Industrial Waste Interceptor [4] |
| Trap Primer | Ice Maker | Bar Sink | |
| Under slab Footing Drain | Pressure Reducing Valve | Bathroom Sink | |
| | Shower, Tub or Combo | Commercial Kitchen Sink | **SYSTEMS** |
| **OTHER** | Toilet | Floor Sink | Engineered Laboratory System Piping [4] |

| | | | |
|---|---|---|---|
| ____ | Urinal | Kitchen Sink | Medical Gas System [4] |
| ____ | Water Heater Electric | Laundry Sink | Rainwater Recovery System [4] |
| ____ | Water Heater Electric - Tankless | Mop Sink | Reclaimed Water System [4] |
| ____ | | Service Sink | |
| **Total # of Fixtures listed above**_____ **Total # of Floors serviced**_____ **Water Service (size of pipe:** _____**inches)** | | | |

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.