Public Health
Seattle & King County

For Office Only

Service Req. ID _____ Permit Fee _____

Processed by _____ Date _____

Permits can be purchased on-line at http://www.kingcounty.gov/healthservices/health/ehs/portal.aspx or at the permit counters. For office locations and hours go to http://www.kingcounty.gov/healthservices/health/ehs/plumbing.aspx
Telephone: (206) 205-4394

Application for Backflow Prevention Assemblies Permit

Project Location: _____
Street Address Unit # City Zip Code

Property Owner Name (s): _____ Phone: ( ) _____

Parcel Number | | | | | | | | | | |

Building Type: ☐ Commercial ☐ Single Family ☐ Multi-Family

Building Phase: ☐ New Construction ☐ Alteration

Contractor/Company: _____ Phone: _____

State Labor & Industries Contractor Registration Number: _____ Check # _____

Permit Fees

1 Device/Assembly …… $140 2-3 Devices/Assemblies ……. $210 4-6 Devices/Assemblies ……. $298
7-10 Devices/Assemblies ……. $333 Over 10 Devices/Assemblies ……. $333 plus $8 per each Device/Assembly thereafter

Device/Assembly Description	Device/Assembly Count	Fee
ATMOSPHERIC VACUUM BREAKER		
PRESSURE VACUUM BREAKER ASSEMBLY		
DOUBLE CHECK VALVE ASSEMBLY		
REDUCED PRESSURE BACKFLOW ASSEMBLY		
ASPIRATOR (includes soap/chemical dispensers attached to faucets)		
TOTAL DEVICES OR ASSEMBLIES AND PERMIT FEE		

Application Name: _____ Phone: _____
Contractor or Owner (or Authorized Agent)

Applicant Mailing Address: _____

Signature of Applicant: _____ Date: _____

I UNDERSTAND THAT ALL WORK AUTHORIZED BY THIS PERMIT IS SUBJECT TO INSPECTION AND APPROVAL OF THE HEALTH DEPARTMENT AND MUST COMPLY WITH RULES AND REGULATIONS GOVERNING CONTRACTOR REGISTRATION (RCW 18.27) AND PLUMBER CERTIFICATION (RCW 18.106).