

RESIDENTIAL FIXTURE COUNT FORM

ABOUT THE FIXTURE COUNT FORM

The fixture count form is required for addition and remodel permits.

For Mechanical, please list any NEW or RELOCATED fixtures.

For Plumbing, please list EXISTING, NEW, and RELOCATED fixtures in the appropriate column.

Submittal Instructions

Complete & save this form before uploading it to MyBuildingPermit.com in the "File Upload" section along with the rest of the submittal documents.

Questions?

[Visit the Permit Center](#)

City of Sammamish
801 228th Ave SE
Sammamish, WA 98075
www.sammamish.us

RESIDENTIAL FIXTURE COUNT FORM

OWNER/APPLICANT INFORMATION

Name: _____ Company: _____
(if applicable)

Phone: _____ E-Mail: _____

MECHANICAL FIXTURE COUNTS

Please provide the below for all new or relocated mechanical fixtures.

- _____ Air Handling Unit
- _____ Barbecue
- _____ Boiler/Compressor
- _____ Clothes Dryer
- _____ Duct Work Only (Flat Fee)
- _____ Earthquake Valve
- _____ Exhaust Fan (with duct)
- _____ Forced Air Furnace
- _____ Gas Log/Log Lighters
- _____ Gas Oven/Cook Top
- _____ Gas Piping (flat fee)
- _____ Hydronics
- _____ Kitchen and/or Whole House Fan
- _____ Misc. Appliance Vent
- _____ Pool or Spa Heater
- _____ Heat Pump
- _____ Water Heater (gas)
- _____ Wood Stove/Fireplace Insert
- _____ Other _____
- _____ Other _____

_____ **Total New or Relocated Mechanical Fixtures**

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PLUMBING FIXTURE COUNTS

Please provide the below for all existing, new, and relocated plumbing fixtures.

EXISTING	NEW	RELOCATED		EXISTING	NEW	RELOCATED	
_____	_____	_____	Backflow Preventor < 2"	_____	_____	_____	Ice Maker
_____	_____	_____	Backflow Preventor > 2"	_____	_____	_____	Laundry Tub
_____	_____	_____	Bathtub	_____	_____	_____	Pressure Reducing Valve
_____	_____	_____	Bathroom Sink	_____	_____	_____	Roof Drain
_____	_____	_____	Bidet	_____	_____	_____	Shower
_____	_____	_____	Clothes Washer	_____	_____	_____	Sink
_____	_____	_____	Dishwasher	_____	_____	_____	Toilet
_____	_____	_____	Drinking Fountain	_____	_____	_____	Urinal
_____	_____	_____	Floor Drain	_____	_____	_____	Other _____
_____	_____	_____	Hose Bib	_____	_____	_____	Other _____
_____	_____	_____	Hot Water Heater (Electric)				

_____ **Total Existing Fixtures**

_____ **Total New Fixtures**

_____ **Total Relocated Fixtures**

_____ **Total Plumbing Fixtures**