

RESIDENTIAL FIXTURE COUNT FORM

ABOUT THE FIXTURE COUNT FORM

The fixture count form is required for ALL addition and remodel permits. If you are not doing plumbing or mechanical work, please enter zero under the fixture count totals.

Please list all NEW or RELOCATED fixtures.

For Air Handling Units, Heat Pumps, and Hot Water Tanks, please include if you are replacing the unit in the same location.

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: _____

FIXTURE COUNTS

Provide the below for all new or relocated mechanical fixtures and replacement furnaces, heat pumps, and hot water heaters. **Fixtures in red with a footnote are required for new, relocated, or replaced fixtures.**

MECHANICAL FIXTURE COUNTS	PLUMBING FIXTURE COUNTS
<input type="checkbox"/> Air Handling Unit ¹	<input type="checkbox"/> Backflow Preventor < 2"
<input type="checkbox"/> Barbecue	<input type="checkbox"/> Backflow Preventor > 2"
<input type="checkbox"/> Boiler/Compressor	<input type="checkbox"/> Bathtub
<input type="checkbox"/> Clothes Dryer	<input type="checkbox"/> Bathroom Sink
<input type="checkbox"/> Duct Work Only (Flat Fee)	<input type="checkbox"/> Bidet
<input type="checkbox"/> Earthquake Valve	<input type="checkbox"/> Clothes Washer
<input type="checkbox"/> Exhaust Fan (with duct)	<input type="checkbox"/> Dishwasher
<input type="checkbox"/> Forced Air Furnace ¹	<input type="checkbox"/> Drinking Fountain
<input type="checkbox"/> Gas Log/Log Lighters	<input type="checkbox"/> Floor Drain
<input type="checkbox"/> Gas Oven/Cook Top	<input type="checkbox"/> Hose Bib
<input type="checkbox"/> Gas Piping (flat fee)	<input type="checkbox"/> Hot Water Heater (Electric) ¹
<input type="checkbox"/> Hydronics	<input type="checkbox"/> Ice Maker
<input type="checkbox"/> Kitchen and/or Whole House Fan	<input type="checkbox"/> Laundry Tub
<input type="checkbox"/> Misc. Appliance Vent	<input type="checkbox"/> Pressure Reducing Valve
<input type="checkbox"/> Pool or Spa Heater	<input type="checkbox"/> Roof Drain
<input type="checkbox"/> Heat Pump ¹	<input type="checkbox"/> Shower
<input type="checkbox"/> Water Heater (Gas) ¹	<input type="checkbox"/> Sink
<input type="checkbox"/> Wood Stove/Fireplace Insert	<input type="checkbox"/> Toilet
<input type="checkbox"/> Other _____	<input type="checkbox"/> Urinal
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Total Mechanical Fixtures	<input type="checkbox"/> Total Plumbing Fixtures

¹ Required for new, relocated, or replaced fixtures