

PLUMBING PERMIT

CONTRACTOR SAME AS BUILDER CONTRACTOR _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE (_____) _____ FAX (_____) _____

PLUMBING SYSTEM New Additional Alterations
 TYPE Public Sewer Private Septic
 TYPE Public Water Private Well

DESCRIPTION OF WORK _____

ESTIMATED COST OF PLUMBING WORK _____

NO.	EQUIPMENT	NO.	EQUIPMENT	NO.	EQUIPMENT
_____	Water Closet	_____	Urinal/Bidet	_____	Bath Tub
_____	Lavatory	_____	Shower	_____	Floor Drain
_____	Sink	_____	Dishwasher	_____	Drinking Fountain
_____	Washing Machine	_____	Hose Bibb	_____	Water Heater
_____	Hot Water Boiler	_____	Sewer Pump	_____	Backflow Preventer
_____	Greasetrap	_____	Automatic Sprinkler System		
_____	Other: _____	_____	Other: _____		
_____	Other: _____	_____	Other: _____		

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND ACKNOWLEDGES THE SMOKE DETECTOR REQUIREMENTS INVOLVED WITH ALTERATION, REPAIR AND ADDITION PERMITS.

 APPLICANT / AGENT SIGNATURE PRINT NAME DATE

★★★★ FOR DEPARTMENT USE ONLY ★★★★★

PLUMBING PERMIT APPLICATION APPROVED DENIED

BY _____ DATE _____

PERMIT NO. _____ PLUMBING PERMIT FEE \$ _____

PLAN REVIEW FEE \$ _____

TRAINING FEE \$ 4.00

TOTAL PERMIT FEE \$ _____