

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 _____ Water Closet _____ Lavatory _____ Sink _____ Washing Machine _____ Hot Water Boiler _____ Greasetrap _____ Other: _____ _____ Other: _____	NO. EQUIPMENT _____ Urinal/Bidet _____ Shower _____ Dishwasher _____ Hose Bibb _____ Sewer Pump _____ Automatic Sprinkler System _____ Other: _____ _____ Other: _____	NO. EQUIPMENT _____ Bath Tub _____ Floor Drain _____ Drinking Fountain _____ Water Heater _____ Backflow Preventer _____ Other: _____ _____ Other: _____
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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 \$ 4.50
TOTAL PERMIT FEE \$ _____