

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
_____	Fuel Oil Piping	_____	Gas Piping	_____	Hot Water Boiler
_____	Steam Boiler	_____	Sewer Pump	_____	Interceptor/Separator
_____	Backflow Preventer	_____	Greasetrap	_____	Sewer Connection
_____	Water Service Connection	_____	Stacks		
_____	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 FEE	\$ _____
MUNICIPAL FEE	\$ _____
TRAINING FEE	\$ 4.00
TOTAL PERMIT FEE	\$ _____