

Plumbing Permit Application

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| Project Address | _____ | | | |
| Applicant | <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Tenant <input type="checkbox"/> Other (describe) _____ | | | |
| Owner / Tenant | Name _____ | | Phone _____ | |
| | Address _____ | | E-mail _____ | |
| Contractor | Company Name _____ | | Phone _____ | |
| | Contact _____ | | E-mail _____ | |
| | Address _____ | | State Credential # s _____ Master Plumber Lic # _____ | |
| Type | <input type="checkbox"/> New Building <input type="checkbox"/> Water Heater <input type="checkbox"/> New or Relocated Fixtures <input type="checkbox"/> Replacement Fixtures | | | |
| Use | <input type="checkbox"/> Residential <input type="checkbox"/> Commercial | | | |
| Number of Fixtures | ___ Bar Sink ___ Bathtub ___ Beer Tap ___ Bidet ___ Break Rm Sink ___ Catch Basin ___ CCC Assembly ___ Class Rm Sink ___ Clothes Washer ___ Coffee Maker ___ Comm Ice Maker ___ Deduc Meters | ___ Dip Well ___ Dishwasher ___ Disposal ___ Drinking Fount ___ Exam Sink ___ Ext Grease Trap ___ Eye Wash Stat ___ Food Prep Sink ___ Floor Drain ___ Floor Waste Sink ___ Garage Drain ___ Hand Sink | ___ Hose Bibb ___ Ice Chest ___ Int Grease Trap ___ Kitchen Sink ___ Lab Sink ___ Laundry Tray ___ Lavatory ___ Local Waste ___ Misc Fixtures ___ Plaster Sink ___ Roof Drain ___ San SumpPump ___ Urinal | ___ Sculry Sink ___ Service Sink ___ Shampoo Sink ___ Shower ___ Site Drain ___ Soda Dispenser ___ Standpipe Rec ___ Sterilizer ___ Sump Pump ___ Surgeons Sink ___ Toilet ___ Whirlpool |
| Project Description | _____ | | | |
| Value of Job | \$ _____ (Value for materials & labor is req. to ensure consistency in accessing permit fees for all applicants.) Payment by: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash <input type="checkbox"/> Credit/Debit Card (office or online only) | | | |
| <i>I certify the above information is complete and accurate. Any deviations from the above submitted information may require additional permits to be obtained. I acknowledge and agree to these terms.</i> | | | | |
| Name: _____ | | Date: _____ | | |
| Master Plumber: _____ | | | | |