



## PLUMBING PERMIT APPLICATION

APPLICATION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**This application is not a permit until fees are received and processed. Any work prior to permit issuance is prohibited. If the plumbing work is associated with a building permit, DO NOT USE this form. Please use the contractor's affidavit.**

INSTALL \_\_\_\_\_ REPAIR \_\_\_\_\_ REPLACE \_\_\_\_\_

CONTRACTOR

Plumbing Contractor / Applicant Name \_\_\_\_\_

Company Name \_\_\_\_\_

Phone \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Business License No. \_\_\_\_\_

State Cert. No. \_\_\_\_\_

Expires \_\_\_\_/\_\_\_\_/\_\_\_\_

City / County Held \_\_\_\_\_

Signature of State Certified Plumber \_\_\_\_\_

E-Mail \_\_\_\_\_

SITE

Site Address \_\_\_\_\_

Subdivision / Tenant \_\_\_\_\_

Property Owner \_\_\_\_\_

Lot / Suite / Bldg No. \_\_\_\_\_

Property Owner Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

FEE

<b>Administrative Fees: \$ 25.00</b>	<b>Minimum Permit Fees \$50</b>	<b>Estimated Job Cost:</b> _____
<input type="checkbox"/> Septic Tank <input type="checkbox"/> Roof Drain <input type="checkbox"/> Bidet <input type="checkbox"/> Water Heater <input type="checkbox"/> Water Line <input type="checkbox"/> Bar Sink <input type="checkbox"/> Sewer Lift <input type="checkbox"/> Area Surface Drain <input type="checkbox"/> Slop Sink <input type="checkbox"/> Disposal <input type="checkbox"/> Sand Trap <input type="checkbox"/> Shower	<input type="checkbox"/> Ft of Shower Pipe <input type="checkbox"/> Backflow Preventer <input type="checkbox"/> Hub Drain <input type="checkbox"/> Interceptor <input type="checkbox"/> Fresh Air Trap <input type="checkbox"/> HVAC Trap <input type="checkbox"/> Range <input type="checkbox"/> Washing Machine <input type="checkbox"/> Urinal <input type="checkbox"/> Dishwasher <input type="checkbox"/> Laundry Tub	<input type="checkbox"/> Concealed Gas Pipe <input type="checkbox"/> Water Heater Vent <input type="checkbox"/> House Closet <input type="checkbox"/> Sink <input type="checkbox"/> Basin <input type="checkbox"/> Tub Shower <input type="checkbox"/> Drinking Fountain <input type="checkbox"/> Waste Empties into County Sewer <input type="checkbox"/> Y / N <input type="checkbox"/> Other (describe ) _____