



PLUMBING PERMIT APPLICATION

PERMIT NUMBER: _____ VALUATION OF PROJECT: _____

JOB ADDRESS: _____

OWNER: _____ PHONE NUMBER: _____

OWNER ADDRESS: _____

CONTRACTOR: _____ PHONE NUMBER: _____

CONTRACTOR LICENSE NUMBER: _____

ADDRESS: _____

MASTER PLUMBER NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

DESCRIBE WORK: _____

Number of Gas Piping Outlets _____ Number of fixtures, drains, or traps _____ Replacement or Repair _____
Vacuum Breaker _____ Grease Trap _____ Water heater and/or Vent _____ Swimming Pool _____
House Sewer _____ Gas pressure Test _____ Sprinkler/Irrigation system (per head) _____
If homeowner, is this your permanent residence? _____

I hereby certify that I have read and examined this document and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be compiled with whether specified herein or not. Granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

APPLICANT SIGNATURE

DATE

PERMIT FEE: _____

PLAN FEE: _____

INSPECTION FEE: _____

TOTAL FEE: _____

****THE FINAL INSPECTION WILL NOT BE RELEASED UNTIL ALL INSPECTION FEES ARE PAID****

****IT SHALL BE THE DUTY OF THE PERMIT HOLDER TO NOTIFY THE INSPECTOR THAT SUCH WORK IS READY FOR INSPECTION AND TO PROVIDE ACCESS TO AND MEANS FOR INSPECTION OF SUCH WORK****