2

PLUMBING PERMIT APPLICATION

Jurisdiction of_____

Applicant to complete numbered spaces only.

JOB ADDRESS

1 LEGAL DESCR. | LOT NO. | BLK | TRACT | (☐ SEE ATTACHED SHEET)

2 OWNER | MAIL ADDRESS | ZIP | PHONE

3 CONTRACTOR | MAIL ADDRESS | PHONE | LICENSE NO.

4 ARCHITECT OR DESIGNER | MAIL ADDRESS | PHONE | LICENSE NO.

5 ENGINEER | MAIL ADDRESS | PHONE | LICENSE NO.

6 LENDER | MAIL ADDRESS | BRANCH

7 USE OF BUILDING

8 Class of work: ☐ NEW ☐ ADDITION ☐ ALTERATION ☐ REPAIR ☐ MOVE ☐ REMOVE

9 Describe work:

OWNER

JOB ADDRESS

SPECIAL CONDITIONS:

APPLICATION ACCEPTED BY | PLANS CHECKED BY | APPROVED FOR ISSUANCE BY

NOTICE

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLIATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE 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.

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT (DATE)

SIGNATURE OF OWNER (IF OWNER BUILDER) (DATE)

PERMIT FEES

No.	Type of Fixture or Item	Fee
	WATER CLOSET (TOILET)	$
	BATHTUB	
	LAVATORY (WASH BASIN)	
	SHOWER	
	KITCHEN SINK & DISP.	
	DISHWASHER	
	LAUNDRY TRAY	
	CLOTHES WASHER	
	URINAL	
	DRINKING FOUNTAIN	
	FLOOR—SINK OR DRAIN	
	SLOP SINK	
	SEWER	
	CESSPOOL	
	SEPTIC TANK & PIT	
	WATER HEATER	
	WASTE INTERCEPTOR	
	WATER PIPING & TREATING EQUIP.	
	LAWN SPRINKLER SYSTEM	
	VACUUM BREAKERS	
	GAS SYSTEMS: NO. OUTLETS	
	PERMIT $	
	TOTAL FEE $	

WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT

PLAN CHECK VALIDATION CK. M.O. CASH PERMIT VALIDATION CK. M.O. CASH

INSPECTOR

Form 100.2 8-85