

Plumbing Permit Application

Jurisdiction name _____

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address:	
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input type="checkbox"/> PROPERTY OWNER <input type="checkbox"/> TENANT	
Name:	
Address:	
City/State/ZIP:	
Phone: ())	Fax: ())
<input type="checkbox"/> APPLICANT <input type="checkbox"/> CONTACT PERSON	
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone: ())	Fax: : ())
E-mail:	
CONTRACTOR	
Business name:	
Address:	
City/State/ZIP:	
Phone: ())	Fax: ())
E-mail:	Plumbing. lic.:
CCB lic.:	City or metro lic. no.:

Authorized signature: _____

Print name:	Date:
-------------	-------

FEE SCHEDULE			
<i>For special information, use checklist.</i>			
Description	Qty.	Ea.	Total
New 1- 2-family dwellings (includes 100 ft. for each utility connection)			
SFR (1) bath			
SFR (2) bath			
SFR (3) bath			
Each additional bath/kitchen			
Fire sprinkler (_____ sq. ft.)			
Site utilities			
Catch basin or area drain			
Drywell, leach line, or trench drain			
Manufactured home utilities			
Manholes			
Rain drain			
Sanitary sewer (no. linear ft.:			
Storm sewer (no. linear ft.:			
Water service (no. linear ft.:			
Fixture or item			
Backflow preventer			
Backwater valve			
Clothes washer			
Dishwasher			
Drinking fountain			
Ejectors/sump			
Expansion tank			
Fixture/sewer cap			
Floor drain/floor sink/hub			
Garbage disposal			
Hose bibb			
Ice maker			
Interceptor/grease trap			
Medical gas (value: \$ _____)			
Primer			
Roof drain (commercial)			
Sink/basin/lavatory			
Tub/shower/shower pan			
Urinal			
Water closet			
Water heater			
Other:			
Other:			
Subtotal			
Minimum permit fee			
Plan review (_____ % of permit fee)			
State surcharge (12% of permit fee)			
TOTAL PERMIT FEE			

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.