

**COMPLETE ALL SECTIONS FOR SELECTED PERMIT**

**PLUMBING PERMIT**

LOCATION OF PROPERTY: \_\_\_\_\_

MUNICIPALITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_

☐ CONTRACTOR SAME AS BUILDER CONTRACTOR: \_\_\_\_\_ (Reg #) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

PLUMBING SYSTEM

☐ New ☐ Additional ☐ Alterations

TYPE

☐ Public Sewer ☐ Private Septic

TYPE

☐ Public Water ☐ Private Well

DESCRIPTION OF WORK: \_\_\_\_\_

**ESTIMATED COST OF MECHANICAL WORK**

NO: _____	EQUIPMENT	NO: _____	EQUIPMENT	NO: _____	EQUIPMENT
_____	Water Closet	_____	Urinal/Bidet	_____	Bath Tub
_____	Lavatory	_____	Shower	_____	Floor Drain
_____	Sink	_____	Dishwasher	_____	Drinking Fountain
_____	Washing Machine	_____	Hose Bibb	_____	Water Heater
_____	Fuel Oil Piping	_____	Gas Piping	_____	Hot Water Boiler
_____	Steam Boiler	_____	Sewer Pump	_____	Interceptor/Separator
_____	Backflow Preventer	_____	Greasetrap	_____	Sewer Connection
_____	Water Service Connection	_____	Stacks		
_____	Other _____			_____	Other _____
_____	Other _____			_____	Other _____

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND ACKNOWLEDGES THE SMOKE DETECTOR REQUIREMENTS INVOLVED WITH ALTERATION, REPAIR AND ADDITION PERMITS.

APPLICANT/AGENT SIGNATURE \_\_\_\_\_ PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

**\*\*\*\*\* FOR DEPARTMENT USE ONLY \*\*\*\*\***

**PLUMBING PERMIT APPLICATION**

☐ APPROVED ☐ DENIED

BY: \_\_\_\_\_ DATE: \_\_\_\_\_

PERMIT NO. \_\_\_\_\_

PLUMBING PERMIT FEE	\$ _____
PLAN FEE	\$ _____
MUNICIPAL FEE	\$ _____
TRAINING FEE	\$ 4. <sup>00</sup>
<b>TOTAL PERMIT FEE</b>	<b>\$ _____</b>