



PLUMBING SUBCODE  
TECHNICAL SECTION



Date Received  
Control #

Date Issued  
Permit #

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block \_\_\_\_\_ Lot \_\_\_\_\_ Qualification Code \_\_\_\_\_

Work Site Location \_\_\_\_\_

Owner In Fee: \_\_\_\_\_

Tel. (\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_  
street municipality zip code

Contractor: \_\_\_\_\_ Tel. (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ e-mail \_\_\_\_\_

Contractor License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): \_\_\_\_\_

Federal Emp. ID No. \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

B. PLUMBING CHARACTERISTICS

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_

Building Sewer Size \_\_\_\_\_ Public Sewer \_\_\_\_\_ Private Septic \_\_\_\_\_

Water Service Size \_\_\_\_\_ Public Water \_\_\_\_\_ Private Well \_\_\_\_\_

Est. Cost of Plumbing Work \$ \_\_\_\_\_

| JOB SUMMARY (Office Use Only)             |                       |
|-------------------------------------------|-----------------------|
| PLAN REVIEW                               | INSPECTIONS           |
| [ ] No Plans Required                     | Type: _____           |
| [ ] Partial/Under-slab Utilities Approved | Slab _____            |
| Date: _____ Approved by: _____            | Rough _____           |
| [ ] Plumbing Plans Approved               | Water _____           |
| Date: _____ Approved by: _____            | Sewer _____           |
| Joint Plan Review Required                | Fixtures _____        |
| [ ] Bldg. [ ] Elec. [ ] Fire [ ] Elev.    | Gas Equipment _____   |
| SUBCODE APPROVAL for PERMIT               | Gas Piping _____      |
| Date: _____                               | LPGas Tank _____      |
| Approved by: _____                        | Fuel Oil Piping _____ |
| SUBCODE APPROVAL for CERTIFICATE          | Solar _____           |
| [ ] CO [ ] CCO [ ] CA                     | TCO _____             |
| Date: _____                               | Final _____           |
| Approved by: _____                        |                       |

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant sign/Contractor  
sign and seal here: \_\_\_\_\_

Print name here: \_\_\_\_\_

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

| QTY.  | FIXTURE/EQUIPMENT        | FEE (Office Use Only) |
|-------|--------------------------|-----------------------|
| _____ | Water Closet             | \$ _____              |
| _____ | Urinal/Blot              | _____                 |
| _____ | Bath Tub                 | _____                 |
| _____ | Lavatory                 | _____                 |
| _____ | Shower                   | _____                 |
| _____ | Floor Drain              | _____                 |
| _____ | Sink                     | _____                 |
| _____ | Dishwasher               | _____                 |
| _____ | Drinking Fountain        | _____                 |
| _____ | Washing Machine          | _____                 |
| _____ | Hose Bibb                | _____                 |
| _____ | Water Heater             | _____                 |
| _____ | Fuel Oil Piping          | _____                 |
| _____ | Gas Piping               | _____                 |
| _____ | LPGas Tank               | _____                 |
| _____ | Steam Boiler             | _____                 |
| _____ | Hot Water Boiler         | _____                 |
| _____ | Sewer Pump               | _____                 |
| _____ | Interceptor/Separator    | _____                 |
| _____ | Backflow Preventer       | _____                 |
| _____ | Greasetrap               | _____                 |
| _____ | Sewer Connection         | _____                 |
| _____ | Water Service Connection | _____                 |
| _____ | Stacks                   | _____                 |
| _____ | Other                    | _____                 |

Administrative Surcharge \$ \_\_\_\_\_  
Minimum Fee \$ \_\_\_\_\_  
State Permit Surcharge Fee \$ \_\_\_\_\_  
TOTAL FEE \$ \_\_\_\_\_