SUB-CONTRACTOR---PLUMBING/GAS PERMIT APPLICATION: PLEASE PRINT

WORK BEING PERFORMED BY:

_____: **NAME OF SUB-CONTRACTOR**

_____: **STATE MASTER LICENSE NUMBER**

_____(_____)_____

ADDRESS **PHONE NUMBER**

WORK BEING PERFORMED AT:

_____: PROPERTY OWNER/CONTRACTOR

_____: PHONE NUMBER

_____: LOCATION OF CONSTRUCTION

DESCRIPTION OF WORK BEING PERFORMED:

PERMIT#_____

PLUMBING PERMIT _____ #FIXTURES_____

#SEWERLINE_____ WATERLINE_____

GAS PERMIT _____ #OUTLETS _____

#BACKFLOW_____ NEW CONSTRUCTION _____ REPAIRS/ADDITION_____

All permits are subject to Ordinance Number 2573-B-10-2024

Sign Here

_____ _____

SIGNATURE OF CONTRACTOR DATE

_____ _____

RECEIVED BY DATE

_____ _____

APPROVED BY DATE