THE CITY OF GROESBECK

PLUMBING PERMIT

DATE _____ PERMIT NO. _____

TOTAL PERMIT FEE $ _____

PERMIT TYPE: ☐ PLUMBING - GAS ☐ PLUMBING - WATER ☐ PLUMBING - SEWER ☐ WATER HEATER

☐ NEW CONSTRUCTION ☐ REMODEL OR REPAIR ESTIMATED JOB COST $ _____

PROPERTY DETAILS

NAME: _____ PHONE # _____

STREET ADDRESS: _____ CITY: _____ ZIP: _____

OWNER OF STRUCTURE

NAME: _____ PHONE # _____

STREET ADDRESS: _____ CITY: _____ ZIP: _____

MASTER PLUMBER

NAME: _____ MASTER LICENSE # _____

COMPANY NAME: _____

STREET ADDRESS: _____ CITY: _____ ZIP: _____

PHONE # _____ EMAIL: _____

PERSON DOING THE WORK (*other than Master Plumber*)

NAME: _____ PHONE # _____

STREET ADDRESS: _____ CITY: _____ ZIP: _____

PHONE # _____ EMAIL: _____

SIGNATURE OF APPLICANT _____

_____ _____ ☐ PASSED

SIGNATURE OF INSPECTOR DATE ☐ FAILED

WO # _____