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	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Plumbing Plans Approved		
Date: _____ Reviewed by: _____		
Joint Plan Review Required:		
[ ] Bldg. [ ] Elec. [ ] Fire [ ] Elev.		
Date: _____ Reviewed by: _____		
SUBCODE APPROVAL for PERMIT		
Date: _____		
Released by: _____		
SUBCODE APPROVAL for CERTIFICATE		
[ ] CO [ ] CCO [ ] CA		
Date: _____		
Released by: _____		

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LP Gas Tank				
Fuel Oil Piping				
Solar _____				
TCO				
Final				
_____				

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.

Applicant/Contractor
Sign and Seal here: _____
Print name here: _____

D. TECHNICAL SITE DATA [ ] Licensed Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK:

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
____	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	
____	LP Gas Tank	
____	Steam Boiler	
____	Hot Water Boiler	
____	Sewer Pump	
____	Interceptor/Separator	
____	Backflow Preventer	
____	Grease trap	
____	Sewer Connection	
____	Water Service Connection	
____	Stacks _____	
____	Other _____	

Administrative Surcharge $ _____
Minimum Fee $ _____
State Permit Surcharge Fee $ _____
TOTAL FEE $ _____

U.C.C. F130
(rev. 12/25)

1 White= Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy