

PLUMBING PERMIT

3219 E. California Pkwy, Forest Hill, TX 76119

Phone: (817) 806-4561 Email: permits@foresthilltx.org



Form must be completed in ink or typed.

Date: _____

Job Address: _____

Contractor Name: _____ Phone _____

Contractor Address: _____

Contractor License # _____

Contractor Email: _____

Owner/Builder Name: _____ Phone _____

Owner/Builder Address: _____

Owner/Builder Email: _____

Description of Work: ☐ New ☐ Addition ☐ Alteration ☐ Repair

FEE TYPE		
	QTY.	AMOUNT
Plumbing Permit - Base Fee - \$65.00		
New Residential Structures = \$.10 per total square footage		
New Commercial Structures = \$.10 per total square footage		
Residential - Remodels, Additions, or Alterations = \$.10 per total square footage		
Commercial - Remodels, Additions, or Alterations = \$.10 per total square footage		
Residential Swimming Pool = \$100.00		
Commercial Swimming Pool = \$150.00		
Sewer Tap - 4" NO STREET CUT - \$1,000.00		
Sewer Tap - 4" STREET CUT - \$1,500.00		
Water Tap - ¾" NO STREET CUT - \$1,000.00		
Water Tap - ¾" STREET CUT - \$1,500.00		
TOTAL		

Remarks: _____

Notice

This Permit shall become invalid if work or construction authorized is not commenced within 180 days or if work or construction is suspended or abandoned for a period of 180 days at anytime after work is commenced. This Permit is granted with the distinct and clearly understood agreement by the Applicant that the Rules, Regulations, and Ordinances of the City of Forest Hill, Texas, as provided for by the City Council and interpreted by the City Plumbing Inspector, will be carried out, or adhered to in every part, manner, and respect.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OR LAWS AND ORDINANCES COVERING THIS TYPE WORK WILL BE COMPLETED WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAWS REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

Applicant Signature: _____ Date _____

Approved By: _____ Date _____