MIDDLE DEPARTMENT INSPECTION AGENCY, INC.

App. No.:

APPLICATION FOR PLUMBING INSPECTION

APPLICANT: PLEASE PRINT FIRMLY. Permit # Date

Municipality County State

Lot Street Address Zip

Owner Occupant

Occupied As

Authorized Agent Phone #

Applicant's Signature Applicant has read and agrees to terms and conditions on reverse side.

T/A License #

Applicant's Address

City State Zip Code

Phone #

Municipal water ☐ Municipal sewer ☐ Septic system ☐ Well water ☐

Type of Work - ☐ NEW ☐ ADDITION

Use & Occupancy Class. (IBC Chap. 3) - _____

LIST ALL EQUIPMENT BELOW:

	Sewer Lateral		Urinal
	Water Lateral		Kitchen Sink
	Bathtub		Dishwasher
	Lavatories		Garbage Disposal
	Shower Stall		Laundry Tray
	Water Closet		Clothes Washer

CALL 24 HOURS PRIOR TO INSPECTION

	Grease Trap		Back Flow Preventor
	Slop Sink		Other:
	Sewage Ejector		
	Floor Drain		
	Water Heater		
	Drinking Fountain		

FOR AGENCY USE ONLY:

	COMMERCIAL	Fee
A.	# fixtures	
B.	Sewer lateral	
C.	Water lateral	
D.	Other	
	RESIDENTIAL	
E.	# bathrooms	
F.	Sewer lateral	
G.	Water lateral	
H.	Other	
I.	Plan Review	
	TOTAL FEE:	$

Fee Paid ☐ Check #

	Code	Date	Insp. initials and #	Approved	Rejected
Plan Review					
Underground					
Rough-in					
Testing by Permit holder - water					
Testing by Permit holder - sewer					
Final					
Other					

Notified / Date

Municipality	Applicant	Contractor	Lender	Owner

7/04 Blue - Office Copy Pink - Inspector Copy Yellow - Municipal Copy Yellow - Applicant's Copy