

THE CITY OF FRANKLIN
PLUMBING & SEWER PERMIT APPLICATION

DEPARTMENT OF COMMUNITY DEVELOPMENT
207 WEST SECOND AVENUE
FRANALIN, VA 23851
Tel. (757) 562-8580 OR (757) 562-8682
A PERMIT IS HEREBY REQUESTED TO
INSTALL:

☐ Plumbing ☐ Sewer Connection

1. Address of Job: _____
2. Owner: _____ 3. Phone _____
4. Plumbing Contractor Trade Name: _____
5. Plumbing Contractor's Address: _____
6. City: _____ ZIP: _____ 7. State License _____
Class A No. _____
Class B No. _____
Class C No. _____
8. Plumbing Contractor's Phone Number: _____
9. Plumbing Contractor's Email: _____

10. USE:

Residential

- ☐ One Family
☐ Two Family
☐ Multi-Family
☐ _____ no. of units
☐ Hotel, Motel
☐ Other

***Commercial**

- ☐ Assembly/Restaurant
☐ Business/Office
☐ Elevators
☐ Educational
☐ Factory/Industrial
☐ High Hazard
☐ Mercantile, Stores _____ no. of units
☐ Institutional:
☐ Hospital
☐ Convalescent
☐ Day Nurseries
☐ Temporary _____
☐ OTHER _____

*(Site & Plumbing Plans to
accompany application)

11. Indicate on the following list the number of plumbing fixtures, roof drains, sewer connections, etc. to be installed:

☐	Bath Tub	A	☐	Laundry Tray	G	☐	Sink	M	☐	Service Line Renewal	S
☐	Dishwashing Machine	B	☐	Lavatory	H	☐	Storm Drain	N	☐	Water Heater	T
☐	Drinking Fountain	C	☐	Roof Drains	I	☐	Urinals	O	☐	Backflow	U
☐	Floor Drain	D	☐	Sewer Connection	J	☐	Washing Machine	P	☐	Other	V
☐	Garbage Grinder	E	☐	Sewer Renewal	K	☐	Water Closet	Q	☐		W
☐	Interceptor	F	☐	Shower	L	☐	Water Service Line	R	☐		

12. Total number of Plumbing items to be installed: _____

13. Nature of work: _____

14. Valuation: \$ _____ 15. Total Fee: \$ _____

All permits necessary for the completion of the work indicated will be obtained and paid for before any work is started.
Failure to comply with applicable codes will result in the VOIDNESS OF THE PERMIT. Any falsification,
misrepresentation or information **VOIDS** this application.

16. APPLICANT

Master Plumber

SIGNATURE _____ DATE: _____

PRINTED NAME _____