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PLUMBING PERMIT APPLICATION

A _____

Permit # _____

1. Project Address: _____ Date: _____

2. Owner: _____ Phone #: _____ Cell _____

3. Store Name: _____ Suite # _____

4. Address: _____ State: _____ Zip _____ Email _____

5. Applicant: _____ Phone# _____ Cell _____

6. Address: _____ State: _____ Zip _____ Email _____

7. Contractor Name: _____ Phone # _____

8. ☐ COMMERCIAL ☐ RESIDENTIAL

9. Description of Work: _____

10. Project Information: *LIST NUMBER OF FIXTURES FOR EACH*

Water Closets _____ Bath Tubs _____ Showers _____ Lavatories _____ Sinks _____

Garbage Disposal _____ Urinals _____ Drinking Fountains _____ Cooler Fountain _____

Clothes Washing Machine _____ Floor Drains _____ House Trap _____ Laundry Tub _____

Other Fixtures Not Listed _____

Sanitary pipe material _____ Water pipe material _____

SHOW ALL VENT SIZES ON PLAN

11. Plans: ☐ 3 COMPLETE SETS ☐ PROFESSIONAL SEAL ☐ CODE EDITION _____
(COMMERCIAL ONLY)

12. Applicant Signature: _____ Date: _____

Print Name: _____