COMPLETE ALL SECTIONS FOR SELECTED PERMIT

PLUMBING PERMIT

LOCATION OF PROPERTY: _____

MUNICIPALITY: _____ COUNTY: _____

☐ CONTRACTOR SAME AS BUILDER CONTRACTOR: _____ (Reg #) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____ FAX: (____) _____

PLUMBING SYSTEM ☐ New ☐ Additional ☐ Alterations

TYPE ☐ Public Sewer ☐ Private Septic

TYPE ☐ Public Water ☐ Private Well

DESCRIPTION OF WORK: _____

_____

ESTIMATED COST OF MECHANICAL WORK

NO:	EQUIPMENT	NO:	EQUIPMENT	NO:	EQUIPMENT
_____	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	_____	Hot Water Boiler
_____	Steam Boiler	_____	Sewer Pump	_____	Interceptor/Separator
_____	Backflow Preventer	_____	Greasetrap	_____	Sewer Connection
_____	Water Service Connection	_____	Stacks		
_____	Other _____			_____	Other _____
_____	Other _____			_____	Other _____

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND ACKNOWLEDGES THE SMOKE DETECTOR REQUIREMENTS INVOLVED WITH ALTERATION, REPAIR AND ADDITION PERMITS.

_____ _____ _____

APPLICANT/AGENT SIGNATURE PRINT NAME DATE

*** * * * FOR DEPARTMENT USE ONLY * * * ***

PLUMBING PERMIT APPLICATION ☐ APPROVED ☐ DENIED

BY: _____ DATE: _____

PERMIT NO. _____

PLUMBING PERMIT FEE	$ _____
PLAN FEE	$ _____
MUNICIPAL FEE	$ _____
TRAINING FEE	$ 4.00
TOTAL PERMIT FEE	**$** _____