



PLUMBING PERMIT APPLICATION

PERMIT NUMBER: _____	VALUATION OF PROJECT: _____
JOB ADDRESS: _____	
OWNER: _____	PHONE NUMBER: _____
OWNER ADDRESS: _____	
CONTRACTOR: _____	PHONE NUMBER: _____
ADDRESS: _____	
MASTER PLUMBER NAME: _____	PHONE NUMBER: _____
ADDRESS: _____	
DESCRIBE WORK: _____	

Number of fixtures, drains, or traps _____
House Sewer _____
Sprinkler/Irrigation system _____

Water heater and/or vent _____
Replacement or Repair _____
If homeowner, is this your permanent residence? _____

Swimming Pool _____
Gas pressure test _____

I hereby certify that I have read and examined this document and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be compiled with whether specified herein or not. Granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

APPLICANT SIGNATURE

DATE

PERMIT FEE: _____
PLAN FEE: _____
INSPECTION FEE: _____
TOTAL FEE: _____

****IT SHALL BE THE DUTY OF THE PERMIT HOLDER TO NOTIFY THE INSPECTOR THAT SUCH WORK IS READY FOR INSPECTION AND TO PROVIDE ACCESS TO AND MEANS FOR INSPECTION OF SUCH WORK****