



Plumbing Permit

Application Instructions - Please fill this form out completely and submit all required information.

PROPERTY INFORMATION

PERMIT NUMBER: _____

Property Address: _____ Suite/Unit Number: _____

Property Type: Residential Commercial

Class of Work: New Addition Remodel Other

OWNER INFORMATION

Owner Name: _____ Phone Number: _____

Address: _____ City/State: _____

CONTRACTOR INFORMATION

Company Name: _____ Contact Person: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone Number: _____

PERMIT INFORMATION

Description of Work: _____

FIXTURE COUNT:

Valuation of Work: \$ _____

Minimum fee is \$20

Toilets _____
Sinks _____
Lavatories _____
Showers _____
Bath Tubs _____
Sewer _____
Septic _____
Washing Machine _____
Floor Drains _____
Dishwasher _____

Disposal _____
Urinal _____
Water Heater _____
Water _____
Gas Openings _____
Drinking Fountain _____
RPZ - Res. _____
RPZ - Comm. _____
Irrigation _____

Residential Fire Sprinkler System

Yes No

This permit becomes null and void if work or construction authorized is not commenced within 6 months, or if construction or work is suspended or abandoned for a period of 6 months at any time after work is commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The 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.

Signature of Owner, Contractor

Date

OFFICE USE ONLY: Cash Credit Card Check Check # _____ Total Due: \$ _____