

Plumbing Permit

Plumbing Sewer

ADDRESS of PROPOSED WORK or IMPROVEMENT _____

Name of Owner: _____ Phone Number: _____

Address of Owner: _____

Tax Parcel #: _____ Email Address of Owner: _____

Name of Contractor: _____ Phone Number: _____

Address of Contractor: _____ License No.: _____

SINGLE BUILDING				IDENTICAL DWELLINGS – SAME SIDE OF STREET				
Type	New Building	Addition	Old Building	No. of Buildings	Size of Lot	No. of Stories	Basement-Gar.	
No. of Stories							Yes	No
Use of Building								

Floors	R.W.C.	Water Closets	Bath Tubs	Shower Baths	Lava-tories	Sinks	Wash Tubs	Service Sinks	Urinals	Yard Drain	Floor Drain	Dish Washer	Ind. Waste	Existing Fixtures Water Waste	
Yard															
Basemt.															
1 st flr.															
2 nd flr.															
3 rd flr.															
Total															

Is connection to be made to sewer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Main Trap Size	Main House Drain Size _____ <input type="checkbox"/> Above Ground <input type="checkbox"/> Below Ground
Where does air inlet open?		Total drainage area	Grade of main drain
Building Permit Number		Occupancy	Date _____ Verified By _____

Sewer Application – Complete this section

To Connect Houses (Number)	Size of Connection	Approval to Connect by Water Department	Sewer Connection Fee
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Job Summary (Office Use Only)

Plan Review <input type="checkbox"/> No Plans Required Joint Plan Review Required: <input type="checkbox"/> Building <input type="checkbox"/> Plumbing <input type="checkbox"/> Fire <input type="checkbox"/> Elevator <input type="checkbox"/> Plumbing Plans Approved Date: _____ Approved By: _____ Subcode Approval <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA Date: _____ Approved by: _____	Inspections	Dates (Month/Day)			
	Type:	Failure	Failure	Approval	Initial
	Slab				
	Rough				
	Water				
	Sewer				
	Fixtures				
	Gas Equipment				
	Gas Piping				
	Solar				
	TCO				

Applicant Certifies that all information given is correct and that all pertinent plumbing ordinances will be complied with in performing the work for which this permit is issued.

Signature of Contractor or his/her Authorized Representative making the application

Signature of Permit Clerk

