# TOWN OF MONROE Building Department

## Application for **PLUMBING PERMIT**

Permit No. ________________

Job Location _______________________________________________________________________________________

No.                      Street

Name of Owner: ___________________________________________________

Address if different: __________________________________________________  Phone: ________________________

Nature of Work:              New ______________                                  Alteration ______________
                              Repair ____________                                  Addition  ______________
                              Sprinkler  ______________

Piping Material:                           Drain ____________                                    Vent _________  ________
                              Water ____________                                    Gas _________________
                              Location B 1st 2nd 3rd Location B 1st 2nd 3rd
                              Water Closets                                      Laundry Trays
                              Lavatories                                      Sinks
                              Bath Tubs                                       Urinals
                              Stall Showers                                   Suppression Systems

Gas Pipe - Type

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Gas Pipe - Type

GAS TEST Amount on a 30 LB GUAGE?

All work done shall comply with the requirements of the Code and Standards. **No work will commence until a permit has been issued.**

Other:_____________________________________________________________________________________________

__________________________________________________________________________________________________

Homeowner: _______________________________________        __________________________________________

Print Name                                                             Signature

Master Plumber: ____________________________________        __________________________________________

Print Name                                                              Signature

State License No: _______________________________________

Firm Name or Trade Style  & Address: __________________________________________________________________

__________________________________________________________________________________________________

Email: _______________________________________    Telephone No.: ______________________________________

Cost of Work: _____________      Permit Fee: _____________     Receipt #: ______________  Check # _____________