

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 _____
 Gas _____

Location	B	1 st	2 nd	3rd	Location	B	1 st	2 nd	3rd
Water Closets					Laundry Trays				
Lavatories					Sinks				
Bath Tubs					Urinals				
Stall Showers					Suppression Systems				
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 # _____