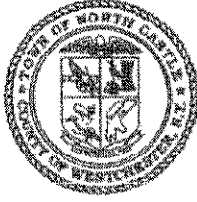


APPLICATION FOR PLUMBING PERMIT



PLUMBING PERMIT # _____

BUILDING PERMIT # _____

DATE ISSUED: ___/___/___

DATE ISSUED: ___/___/___

PERMIT FEE \$ _____



Property Address: _____ Section/Block/Lot: _____

Owner: _____ Phone: (____) ____ - ____

Address: _____ Email: _____

Plumber: _____ Phone: (____) ____ - ____

Address: _____ Email: _____

License #: _____



THE NUMBER OF FIXTURES TO BE INSTALLED MUST ADHERE TO THE FOLLOWING SCHEDULE:

	Water Closet	Tubs	Shower	Basin	Sink	Slop Sinks	Wash Tubs	Hose Bibbs	Urinals	Floor Drain	Other
Exterior											
Basement											
1st Story											
2nd Story											
3rd Story											

NEW LAWN SPRINKLER SYSTEM: _____

NUMBER OF HEADS: _____

PRINT NAME OF APPLICANT _____

SIGNATURE OF APPLICANT _____

DATE ___/___/___



PLEASE NOTE:

CALL THE OFFICE TO SCHEDULE AN INSPECTION AT LEAST ONE DAY BEFORE
AN INSPECTION IS NEEDED.