Plumbing Permit

Application Instructions - Please fill this form out completely and submit all required information. PERMIT NUMBER: PROPERTY INFORMATION: Property Address: Remodel Addition New Commercial Residential Circle One Circle One OWNER INFORMATION: Phone Number: Owner Name: ___ City/State: ___ Address: CONTRACTOR INFORMATION: Contact Person: Contractor: __ City: _____ State: ____ Zip: ____ Address: ___ Phone Number: Email Address: DESCRIPTION OF WORK: FIXTURE COUNT: Minimum fee is \$20 Valuation of Work: \$_____ Disposal **Toilets** Urinal Sinks **Water Heater** Lavatories Water Showers **Gas Openings Bath Tubs Drinking Fountain** Sewer RPZ - Res. Septic RPZ - Comm. **Washing Machine** Irrigation Floor Drains Dishwasher 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. Date Signature of Owner, Contractor OFFICE USE ONLY **Credit Card**

Cash

Card Holder

Total

Penalty

Check

Permit

Surcharge