

PLUMBING PERMIT APPLICATION

Project Name:					
Job Address:					
Owner:			Plumbing Contractor:		
Street Address:			Street Address:		
City / State / Zip Code:			City / State / Zip Code:		
Telephone:			Telephone:		
Engineer:			Architect:		
Street Address:			Street Address:		
City / State / Zip Code:			City / State / Zip Code:		
Telephone:			Telephone:		
	[] New (new buildin	g) [] Addition (enl	argement) [] Addition (to existing	g system)	
Fixture	Quantity	\$10.00 each	Fixture	Quantity	\$10.00 each
Urinals	Quantity	φ10.00 εμεπ	Drinking Fountains	Quantity	ψ10.00 εαεπ
Water Closets			Grease Traps		
Lavatories			Interceptors		
Sinks (Residential)			Disposals		
Sinks (Commercial)			Back Flow Preventers		
Bath Tubs			Pressure Reducing Valves		
Showers			Hose Bibs		
Washing Machines			Sump Pumps		
Dishwashers			Sewer Ejectors		
Water Heaters			Sewer Service		
Floor Drains			Water Service		
Laundry Tubs			Shampoo Bowl/Sink		
Roof Drains			Thermal Expansion		
Service Sinks			Pedi care Spa w/Foot Tub		
		GAS LINES	(BTU INPUT)		_1
U	p to 300,000	No	x \$60.00 = \$		
	00,000 to 1,000,000	No	x \$85.00 = \$		
1,	,000,000 and	No	x \$150.00 = \$		
FIRE PROTECTION SPRINKLER SYSTEM			LAWN SPRINKLER SYSTEM		
No x \$0.50/head = \$			No x \$25.00/system = \$		
			ne Code of Ordinances, City on to all laws, ordinances are		
Signature of Master Plumber			Date		
State Card No.] Non-Restricted	1		