

PLUMBING PERMIT

DATE _____

LICENSE NUMBER _____ PERMIT NUMBER _____

LOCATION _____

OWNER _____

KIND OF BUILDING _____ USED AS _____

TO BE COMPLETED ABOUT _____ ESTIMATED COST \$ _____

OLD – NEW BUILDING NUMBER _____

TYPE	NUMBER	FEE	TREASURER'S VALIDATION OF FEE PAID
STACKS			
SINKS			
BATHS			
WATER CLOSET			
LAVATORY			
TANK AND HEATER			
LAUNDRY TRAY			
WATER DISTRIBUTION SYSTEMS			
FLOOR DRAINS			
SEWAGE EJECTOR			
FOUNTAIN (DRINKING)			
SUMP			
SHOWERS			
URINAL			
CATCH BASIN			
DISHWASHING MACHINE			
HUMIDIFIER			
GARBAGE GRINDER			
WASHING MACHINE			
SPECIAL WASTES			
RAINWATER LEADERS			
MISCELLANEOUS FIXTURES			
TOTAL FEE			
CONTRACTOR'S NAME AND ADDRESS			
CITY		STATE	ZIP CODE

READY FOR INSPECTION ON _____ OR WILL CONTACT PERMIT CLERK LATER _____
(date)

APPLICANT CERTIFIES THAT ALL INFORMATION GIVEN IS CORRECT AND THAT ALL PERTINENT MECHANICAL ORDINANCES WILL BE COMPLIED WITH IN PERFORMING THE WORK FOR WHICH THIS PERMIT IS ISSUED.

Signature of Contractor or his Authorized Representative Making Application

Signature of Permit Clerk

**ON INSPECTORS COPY
ON REAR**

INSPECTION REPORT

DATE	PURPOSE	INSPECTOR

REMARKS: