



PLUMBING PERMIT

DATE _____

PERMIT No. _____

TOTAL PERMIT FEE \$ _____

PERMIT TYPE: <input type="checkbox"/> PLUMBING - GAS <input type="checkbox"/> PLUMBING - WATER <input type="checkbox"/> PLUMBING - SEWER <input type="checkbox"/> WATER HEATER
<input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> REMODEL OR REPAIR ESTIMATED JOB COST \$ _____

PROPERTY DETAILS

NAME: _____ PHONE # _____

STREET ADDRESS: _____ CITY: _____ ZIP: _____

OWNER OF STRUCTURE

NAME: _____ PHONE # _____

STREET ADDRESS: _____ CITY: _____ ZIP: _____

MASTER PLUMBER

NAME: _____ MASTER LICENSE # _____

COMPANY NAME: _____

STREET ADDRESS: _____ CITY: _____ ZIP: _____

PHONE # _____ EMAIL: _____

PERSON DOING THE WORK (other than Master Plumber)

NAME: _____ PHONE # _____

STREET ADDRESS: _____ CITY: _____ ZIP: _____

PHONE # _____ EMAIL: _____

SIGNATURE OF APPLICANT _____

_____ SIGNATURE OF INSPECTOR	_____ DATE	<input type="checkbox"/> PASSED
_____ WO # _____		<input type="checkbox"/> FAILED