

Rev 04-04-19

For Office Us Only	
Application Date:	
Issuance Date:	
Permit Number:	



RESIDENTIAL PLUMBING PERMIT APPLICATION

Project Address: _____

Property Owner: _____ Phone Number: _____

Contractor Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Site Contact: _____ Site Cell : _____

Site Contact Email: _____

Please Check

New Construction _____ Remodel _____
 Addition _____ Other (Explain) _____

Description of Work: _____

NOTE: All sub-contractors (electrical, mechanical/HVAC, plumbing, low voltage, sign etc.) are required to pull separate permits. All permits become 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 started.

I hereby certify that I have read and examined this application and know the same to be true and correct. I understand that all provisions of state laws and city ordinances governing this type of work will be complied with whether specified herein or not. I further understand that

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the issuance of a permit does not grant the authority to violate or cancel the provisions of any state or local laws regulating construction or the performance of construction.

Applicant Signature

Date

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Required Inspections:

Underground	_____	Sewer /Yard	_____
Top Out /Rough In /Gas Test	_____	Sewer Connect To City	_____
Shower Pan	_____	Plumbing Final	_____
Gas Test	_____		
Water Services	_____		

Plan Review Fee: _____ Permit Fee: _____ Total: _____

Plans Approved For Issuance By: _____

Building Official or Representative Signature

Date