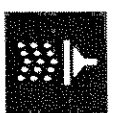




PLUMBING SUBCODE TECHNICAL SECTION



Date Received
Control #
Date Issued
Permit #

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block _____ Lot _____ Qualification Code _____
Work Site Location _____

Owner In Fee: _____
Tel: _____ e-mail: _____

Address _____
Contractor: _____ Tel: _____
Address _____ e-mail: _____

Contractor License No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____ FAX: _____
Federal Emp. ID No. _____

B. PLUMBING CHARACTERISTICS
Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
 No Plans Required
 Partial - Under/Slab Utilities Approved
 Plumbing Plans Approved
 Date: _____ Approved by: _____
 Joint Plan Review Required
 Bldg. Elec. Fire Elev.
SUBCODE APPROVAL FOR PERMIT
 Date: _____
 Approved by: _____

INSPECTIONS	Type:	Dates (Month/Day)			Initial
		Failure	Failure	Approval	
Slab	Rough	_____	_____	_____	_____
Water	Water	_____	_____	_____	_____
Sewer	Sewer	_____	_____	_____	_____
Fixtures	Fixtures	_____	_____	_____	_____
Gas Equipment	Gas Equipment	_____	_____	_____	_____
Gas Piping	Gas Piping	_____	_____	_____	_____
LP Gas Tank	LP Gas Tank	_____	_____	_____	_____
Fuel Oil Piping	Fuel Oil Piping	_____	_____	_____	_____
Solar	Solar	_____	_____	_____	_____
TCO	TCO	_____	_____	_____	_____
Final	Final	_____	_____	_____	_____

Approved by: _____

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.
Applicant sign/Contractor _____
sign and seal here: _____
Print name here: _____

D. TECHNICAL SITE DATA
 Licensed Plumbing Contractor Exempt Applicant

DESCRIPTION OF WORK	QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
Water Closet	_____	_____	_____
Urinal/Bidet	_____	_____	_____
Bath Tub	_____	_____	_____
Lavatory	_____	_____	_____
Shower	_____	_____	_____
Floor Drain	_____	_____	_____
Sink	_____	_____	_____
Dishwasher	_____	_____	_____
Drinking Fountain	_____	_____	_____
Washing Machine	_____	_____	_____
Hose Bibb	_____	_____	_____
Water Heater	_____	_____	_____
Fuel Oil Piping	_____	_____	_____
Gas Piping	_____	_____	_____
LP Gas Tank	_____	_____	_____
Steam Boiler	_____	_____	_____
Hot Water Boiler	_____	_____	_____
Sewer Pump	_____	_____	_____
Interceptor/Separator	_____	_____	_____
Backflow Preventer	_____	_____	_____
Greasetrap	_____	_____	_____
Sewer Connection	_____	_____	_____
Water Service Connection	_____	_____	_____
Stacks	_____	_____	_____
Other	_____	_____	_____

Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
State Permit Surcharge Fee	\$ _____
TOTAL FEE	\$ _____