

Chief Executive Officer
Michael Thurmond

DEPARTMENT OF PLANNING & SUSTAINABILITY

Director
Andrew A. Baker, AICP

PLUMBING PERMIT APPLICATION

Date: _____

Shaded area for office use Plumbing Permit Number	Building Permit Number 	Check Applicable Type: <input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential
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Job Address		City	State	Zip
Building No.	Floor No.	Apt / Lot #	Unit / Suite #	

DESCRIPTION OF WORK: _____

Plumbing Information

No. of Bedrooms ____ No. of Bathrooms ____	Check One: <input type="checkbox"/> New (New Building)	<input type="checkbox"/> Addition (Bldg. Enlargement)	<input type="checkbox"/> Expansion (To Exist. Sys.)	<input type="checkbox"/> Replacement
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Fee Schedule: MINIMUM FEE \$100 + \$20 Technology Fee. Additional \$200 for Fire Sprinkler Systems (Fire Review & Inspection Fee)

Water closets	No. ____ X \$10.00 = _____	Urinals	No. ____ X \$10.00 = _____
Lavatories	No. ____ X \$10.00 = _____	Roof Drains	No. ____ X \$10.00 = _____
Sinks/Shampoo bowls	No. ____ X \$10.00 = _____	Interceptors	No. ____ X \$14.00 = _____
Bath tubs	No. ____ X \$10.00 = _____	Disposals	No. ____ X \$14.00 = _____
Showers	No. ____ X \$10.00 = _____	Fire Protection Sprinkler	Sys. ____ X \$18.00 = _____
Water heaters	No. ____ X \$10.00 = _____	Lawn Sprinkler	Sys. ____ X \$26.00 = _____
Dishwashers	No. ____ X \$10.00 = _____	Back Water Valve	No. ____ X \$10.00 = _____
Washing machines	No. ____ X \$10.00 = _____	Expansion Device	No. ____ X \$10.00 = _____
Floor drains	No. ____ X \$10.00 = _____	Sewer Service	No. ____ X \$30.00 = _____
Laundry tubs	No. ____ X \$10.00 = _____	Water Service	No. ____ X \$30.00 = _____
Sump pumps	No. ____ X \$12.00 = _____	Other (List) _____	No. ____ X \$10.00 = _____
Pressure reducing valves	No. ____ X \$12.00 = _____	_____	No. ____ X \$10.00 = _____
Sewer ejectors	No. ____ X \$12.00 = _____		
Gas lines	No. ____ X \$25.00 = _____		
Grease traps	No. ____ X \$15.00 = _____		
Back flow preventers	No. ____ X \$15.00 = _____		
Baptisteries	No. ____ X \$15.00 = _____		
Drinking fountains	No. ____ X \$10.00 = _____		
		TOTAL FEES	\$
PLUMBING RE-INSPECTION FEES		1 st Re-inspect \$25.00	2 nd Re-inspect \$50.00 3 rd Re-inspect \$100.00
FIRE INSPECTOR RE-INSPECTION FEES		1 st Re-inspect \$50.00	2 nd and over - \$100.00

Company:	Applicant:	Owner:
Address:		Address:
City:	State: Zip	City: State: Zip
Fax #:	Mobile #:	Fax #: Mobile #:
Email:		Email:
State License #:	Business License #:	Signature of Homeowner (Sign only if work is being performed by homeowner):
Signature of State Cardholder:		