

Chief Executive Officer  
Michael Thurmond

**DEPARTMENT OF PLANNING & SUSTAINABILITY**

Director  
Andrew A. Baker, AICP

**PLUMBING PERMIT APPLICATION**

Date: \_\_\_\_\_

<b>Shaded area for office use</b> Plumbing Permit Number	<b>Building Permit Number</b>	<b>Check Applicable Type:</b> <input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential
---	-------------------------------	--

<b>Job Address</b>		City	State	Zip
Building No.	Floor No.	Apt / Lot #	Unit / Suite #	

**DESCRIPTION OF WORK:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Plumbing Information**

No. of Bedrooms ____ No. of Bathrooms ____	<b>Check One:</b> <input type="checkbox"/> New (New Building)	<input type="checkbox"/> Addition (Bldg. Enlargement)	<input type="checkbox"/> Expansion (To Exist. Sys.)	<input type="checkbox"/> Replacement
--	---	--	--	--------------------------------------

**Fee Schedule: MINIMUM FEE \$120 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 = _____		
		<b>TOTAL FEES</b>	<b>\$</b>
<b>PLUMBING RE-INSPECTION FEES</b>		1 <sup>st</sup> Re-inspect \$25.00	2 <sup>nd</sup> Re-inspect \$50.00    3 <sup>rd</sup> Re-inspect \$100.00
<b>FIRE INSPECTOR RE-INSPECTION FEES</b>		1 <sup>st</sup> Re-inspect \$50.00	2 <sup>nd</sup> and over - \$100.00

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