

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 \$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 = _____	TOTAL FEES \$		
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 = _____			
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:		Address:	
City:	State:	Zip	City:	State:	Zip
Fax #:	Mobile #:		Fax #:	Mobile #:	
Email:		Email:		Email:	
State License #:	Business License #:	Signature of Homeowner			
Signature of State Cardholder:		(Sign only if work is being performed by homeowner):			