

Chief Executive Officer  
Lorraine Cochran-Johnson

**DEPARTMENT OF PLANNING & SUSTAINABILITY**

Director  
Juliana A. Njoku

**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
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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 = _____
Bathtubs	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:			
City:	State:	Zip	City:	State:	Zip
Fax #:	Mobile #:		Fax #:	Mobile #:	
Email:			Email:		
State License #:	Business License #:		Signature of Homeowner:		
Signature of State Cardholder:					