Date Issued Permit #



TECHNICAL SECTION PLUMBING SUBCODE



A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING

Approved by:	wed by:	Date: Final	[] CO [] CA TCO	SUBCODE APPROVAL for CERTIFICATE Solar	Approved by: Fuel Oil Piping		OUE APPROVAL for PERMIT	. Dev.	Review Required:] Plumbing Plans Approved Water	Date:Approved by:	[] Partial -Underslab Utilities Approved 'Ypa.	[] No Plans Required Type: Failure Failure Approval Initial	PLAN REVIEW INSPECTIONS Dates (Month/Day)	JOB SUMMARY (Office Use Only)	Est. Cost of Plumbing Work \$	Water Service Size Public Water Private Well	Building Sewer Size Public Sewer Private Septic	Use Group Present Proposed	ACTERISTICS	Federal Emp. ID No. FAX:	Home Improvement Contractor Registration No. or Exemption Reason	Contractor License No Exp. Date		Hall e-mail	To	Address street municipality zip code		Tel. e-mail	Owner in Fee:		Work Site Location	Block Qualification Code	CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.
Other		Stacks	Water Service Connection	Sewer Connection	Greasetrap	Backflow Preventer	Interceptor/Separator	Sewer Pump	Hot Water Boiler	Steam Boiler	LPGas Tank	Gas Piping	Fuel Oil Piping	Water Heater	Hose Bibb	Washing Machine	Drinking Fountain	Dishwasher	Sink	Floor Drain	Shower			Doth Tih	Water Closet Urina/Bidet	QTY. FIXTURE/EQUIPMENT		DESCRIPTION OF WORK	D. TECHNICAL SITE DATA		Print name here:	sign and seal here:	Applicant size/Opptractor	I nereby certify that I am the (agent of) owner of record and am authonzed to make this application and perform the work listed on this application	C. CERTIFICATION IN LIEU OF OATH
																									4	FEE (Office Use Only)				[] Exempt Applicant				d am authorized to make this	

State Permit Surcharge Fee

TOTAL FEE

Administrative Surcharge

Minimum Fee

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