

APPLICATION FOR PLUMBING PERMIT

Isometric Drawing Required	Permit No.:	Date Received
Applicant's Name: (Check one) <input type="checkbox"/> Plumbing Contractor <input type="checkbox"/> Homeowner		
Address (number and street)		
City	State	ZIP
Phone Number	Plumbing Registration No.	

SITE INFORMATION

Street Address of Job		City
Building Owner's Name		Phone Number
Building Owner's Address		
City	State	ZIP
Township	Building Type: New _____ Existing _____ Apartments _____ Commercial _____	
Signature of Applicant (original signature is required)		

SERVICES PERFORMED

water closets	
urinals	
wash fountains	
laboratories/hand sinks	
service sinks	
kitchen sinks	
scullery/3 comp. sinks	
bar sinks	
bath tubs	
shower stalls	
laundry tubs	
automatic washers	
dishwashers	
garbage disposals	
drinking fountains	
grease/kitchen interceptor	
garage/oil interceptor	
floor drains	

sewage ejectors	
sump pumps	
ice maker	
eye wash/emergency	
water heaters	
water softeners	
roof drains	
AAV	
building drain	
building sewer	
inside water piping	
outside faucets	
water service	
pressure reducing valves	
backflow devices	
Therm-x-Tank	
other _____	
Grand Total	

Inspections

Underground	_____
Rough In	_____
Stack Out	_____
Sewer	_____
Final	_____

Plan Review Fee \$40.00 (1-20 fixtures)
 \$60.00 (21-40 fixtures) \$ _____
 \$80.00 (41-60 fixtures)
 \$120.00 (61 and above fixtures)

Application for permit \$40.00

After 4 inspections there will be an additional fee of \$40.00 per inspection.

Each trap or fixture, appliance or apparatus ___ x \$9.00 ea. \$ _____

Penalty for Installing Plumbing Prior to Permit (\$150.00 Penalty) \$ _____

Total Permit Fee \$ _____

In accordance with chapter 105.5 Expiration this permit will expire in 12 months. Extensions may be granted in accordance with Chapter 105.5