

APPLICATION FOR PLUMBING PERMIT

(APPLICATION MUST BE TYPED OR PRINTED)

TOWN OF _____ PERMIT NO. _____

LOCATION OF JOB	FEE SCHEDULE	TYPE OF JOB																														
_____ NO. _____ STREET TOWN _____ STATE _____ ZIP _____	FEE VALUE OF CONSTRUCTION \$25 FOR 1ST \$1000 (MINIMUM FEE). \$ 7 FOR EACH ADDITIONAL \$1000 OR PART THEREOF. BUILDING OFFICIAL MAY DEMAND AFFIDAVIT OF ACTUAL VALUE.	<input type="checkbox"/> ORIGINAL CONST. <input type="checkbox"/> REPAIR <input type="checkbox"/> ALTERATION <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ADDITION <input type="checkbox"/> CHANGE OF USE																														
OWNER	VALUE-FEES	FIXTURES																														
_____ NAME NO. _____ STREET TOWN _____ STATE _____ ZIP _____	<table style="width:100%;"> <thead> <tr> <th></th> <th style="text-align:center;">VALUE</th> <th style="text-align:center;">FEE</th> </tr> </thead> <tbody> <tr> <td>ESTIMATED</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>ACTUAL</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>DIFFERENCE</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>ADDITIONAL FEE</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> *Fair Market Value		VALUE	FEE	ESTIMATED	_____	_____	ACTUAL	_____	_____	DIFFERENCE	_____	_____	ADDITIONAL FEE	_____	_____	<table style="width:100%;"> <thead> <tr> <th></th> <th style="text-align:center;">NO.</th> <th style="text-align:center;">NO.</th> </tr> </thead> <tbody> <tr> <td>BATHTUB</td> <td>_____</td> <td>LAVATORY _____</td> </tr> <tr> <td>SHOWER</td> <td>_____</td> <td>WASHTUB _____</td> </tr> <tr> <td>TOILET</td> <td>_____</td> <td>URINAL _____</td> </tr> <tr> <td>SINK</td> <td>_____</td> <td>BIDET _____</td> </tr> </tbody> </table>		NO.	NO.	BATHTUB	_____	LAVATORY _____	SHOWER	_____	WASHTUB _____	TOILET	_____	URINAL _____	SINK	_____	BIDET _____
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APPLICANT	DEPARTMENT DECISION	TYPE OF BUSINESS																														
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PLUMBING-CONTRACTOR INFORMATION																																
_____ NAME NO. _____ STREET TOWN _____ STATE _____ ZIP _____	_____ CONTRACTOR LICENSE NO. _____ EXPIRATION DATE	_____ CLASS OF LICENSE _____ CONTRACTOR TELEPHONE _____ CONTRACTOR SIGNATURE																														

MECHANICAL CONTRACTORS ARE REQUIRED TO OBTAIN PERMITS BEFORE STARTING ANY WORK.

TOILET ROOM VENTILATION	PIPE	APPLIANCES																																									
WINDOW _____ FAN _____ SIZE CU. F.M.	<table style="width:100%;"> <thead> <tr> <th></th> <th style="text-align:center;">SIZE</th> <th style="text-align:center;">TYPE</th> </tr> </thead> <tbody> <tr> <td>SOIL</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>WASTE</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>MAIN VENT</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>OTHER VENT</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>COLD SUPPLY</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>HOT SUPPLY</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		SIZE	TYPE	SOIL	_____	_____	WASTE	_____	_____	MAIN VENT	_____	_____	OTHER VENT	_____	_____	COLD SUPPLY	_____	_____	HOT SUPPLY	_____	_____	<table style="width:100%;"> <thead> <tr> <th></th> <th style="text-align:center;">NO.</th> <th style="text-align:center;">MFR.</th> </tr> </thead> <tbody> <tr> <td>DISHWASHER</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>GARBAGE DISPOSAL</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>CLOTHES WASHER</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <table style="width:100%;"> <thead> <tr style="background-color: #cccccc;"> <th colspan="2">WATER SUPPLY</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> PUBLIC</td> <td><input type="checkbox"/> ASSOCIATION</td> </tr> <tr> <td>IF WELL TYPE _____</td> <td>DEPTH _____</td> </tr> <tr> <td>GAL. PER MIN. _____</td> <td>STATIC LEVEL _____</td> </tr> </tbody> </table>		NO.	MFR.	DISHWASHER	_____	_____	GARBAGE DISPOSAL	_____	_____	CLOTHES WASHER	_____	_____	WATER SUPPLY		<input type="checkbox"/> PUBLIC	<input type="checkbox"/> ASSOCIATION	IF WELL TYPE _____	DEPTH _____	GAL. PER MIN. _____	STATIC LEVEL _____
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SANITATION PERMIT NO. _____ SEPTIC TANK SIZE _____ GALS.	REMARKS: _____ _____ _____ _____																																										
LEACHING FIELD _____ SQ. FT.																																											
WATER HEATER - TANK																																											
TYPE _____ MAKE _____ MODEL _____ CAPACITY _____ GAL. GAL.																																											
TEST PRESSURE _____ P.S.I. P.S.I.																																											
WORKING PRESS. _____ P.S.I. P.S.I.																																											
TEMP. RELIEF _____ PRESS. RELIEF _____ P.S.I.																																											
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BUILDING OFFICIAL - WHITE CONTRACTOR - CANARY