

BUILDING PERMIT APPLICATION FORM

7/05

PLUMBING

(PLAN APPROVAL REQUIRED)

CONTRACTOR NAME: _____ ADDRESS: _____

PHONE #: _____ CITY/STATE: _____

OWNER NAME: _____ ADDRESS: _____

PHONE #: _____ CITY/STATE: _____

TYPE JOB: _____ RESIDENTIAL: _____ COMMERCIAL: _____

DIRECTIONS TO JOB OFF U.S. HIGHWAY:

HEALTH DEPT. PERMIT #: 171- ____-____ COST OF JOB (ESTIMATED): _____

NAME OF PLUMBER: _____

NO. OF BATHROOMS: _____ NO: OF PLB. FIXTURES UPSTAIRS: _____

NO. OF BASEMENT PLUMBING FIXTURES: _____

NAME OF APPLICANT: _____ PHONE #: _____

EMAIL ADDRESS: _____ CHECK IN MAIL: _____ PICK UP & PAY _____

SIGNATURE OF APPLICANT: _____