



PLUMBING SUBCODE TECHNICAL SECTION



Date Received
Control #
Date Issued
Permit #

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE: CALL UTILITY DIG NO: 1-800-272-1000

Block _____ Lot _____ Qualification Code _____
Work Site Location _____

Owner in Fee: _____

Tel (____) _____ e-mail _____

Address _____ street _____ municipality _____ zip code _____

Contractor: _____ Tel (____) _____ e-mail _____

Address _____

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: (____) _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)	Initial
<input type="checkbox"/> No Plans Required	Type: Slab	Failure	Approval
<input type="checkbox"/> Partial - Under-slab Utilities Approved	Rough	Failure	Approval
Date: _____ Approved by: _____	Water	Failure	Approval
<input type="checkbox"/> Plumbing Plans Approved	Sewer	Failure	Approval
Date: _____ Approved by: _____	Fixtures	Failure	Approval
Joint Plan Review Required:	Gas Equipment	Failure	Approval
<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Fire <input type="checkbox"/> Elev.	Gas Piping	Failure	Approval
SUBCODE APPROVAL for PERMIT	LP Gas Tank	Failure	Approval
Date: _____	Fuel Oil Piping	Failure	Approval
Approved by: _____	Solar	Failure	Approval
SUBCODE APPROVAL for CERTIFICATE	TCO	Failure	Approval
<input type="checkbox"/> ICO <input type="checkbox"/> CCO <input type="checkbox"/> CA	Final	Failure	Approval
Date: _____		Failure	Approval
Approved by: _____		Failure	Approval

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: _____

Print name here: _____

Licensed Plumbing Contractor Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK	QTY.	FIXTURE / EQUIPMENT	FEE (Office Use Only)
		Water Closet	\$ _____
		Urinal/Bidet	\$ _____
		Bath Tub	\$ _____
		Lavatory	\$ _____
		Shower	\$ _____
		Floor Drain	\$ _____
		Sink	\$ _____
		Dishwasher	\$ _____
		Drinking Fountain	\$ _____
		Washing Machine	\$ _____
		Hose Bibb	\$ _____
		Water Heater	\$ _____
		Fuel Oil Piping	\$ _____
		Gas Piping	\$ _____
		LP Gas Tank	\$ _____
		Steam Boiler	\$ _____
		Hot Water Boiler	\$ _____
		Sewer Pump	\$ _____
		Interceptor/Separator	\$ _____
		Backflow Preventer	\$ _____
		Greasetrap	\$ _____
		Sewer Connection	\$ _____
		Water Service Connection	\$ _____
		Stacks	\$ _____
		Other	\$ _____

Administrative Surcharge \$	_____
Minimum Fee \$	_____
State Permit Surcharge Fee \$	_____
TOTAL FEE \$	_____