



Plumbing Permit Application

Permit Number _____

Site Address _____

Parcel ID _____

Description of Work:	Project Valuation
Owner:	Phone:
Address:	Email:
Applicant (if not owner or contractor):	Phone:
Address:	Email:
Plumbing Contractor:	Phone:
Address:	Fax:
Contact Person:	Phone:

Water Closets :	Washing Machine:	Gas piping systems (incl. 5 outlets) :
Bathtubs :	Hose Bibs :	Number of outlets over 5 :
Showers :	Water Piping Systems :	Lawn Irrigation :
Lavatories :	Urinals :	Rain Leader :
Sinks :	Drinking Fountains :	Medical Gas System (incl. 5 outlets):
Dish Washers :	Sumps :	Medical Gas System outlets over 5
Electric Hot Water Tanks :	Floor Drains :	Other :

Owner/owner Rep: _____ **Date:** _____

DISCLAIMER: I certify, under penalty, that the information furnished by me is true and correct to the best of my knowledge and further that I am authorized, by the owner of the above premises, to perform the work for which the permit application is made. I further agree to hold harmless the jurisdiction and The Building Department Inc., to any claim (including costs, expenses, and attorneys' fees incurred in investigation and defense of such claim) which may be made by any person, including the undersigned, and filed against the jurisdiction and/or The Building Department Inc., where such claim arises out of the reliance of the jurisdiction and/or The Building Department Inc., including its officers and employees, upon the accuracy of the information supplied to the jurisdiction as part of this application.