



Plumbing Permit Application

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address:	
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input type="checkbox"/> PROPERTY OWNER <input type="checkbox"/> TENANT	
Name:	
Address:	
City/State/ZIP:	
Phone: ()	Fax: ()
<input type="checkbox"/> APPLICANT <input type="checkbox"/> CONTACT PERSON	
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone: ()	Fax: : ()
E-mail:	
CONTRACTOR	
Business name:	
Address:	
City/State/ZIP:	
Phone: ()	Fax: ()
CCB lic.:	Lic. no.:
Authorized signature: <div style="border: 1px solid black; padding: 5px; display: flex; justify-content: space-between;"> Print name: Date: </div>	

OFFICE USE ONLY			
Permit number:			
Date issued:			
FEE* SCHEDULE			
<i>For special information use checklist.</i>			
Description	Qty.	Ea.	Total
New 1- 2-family dwellings (includes 100 ft. for each utility connection)			
SFR (1) bath		249.20	
SFR (2) bath		350.00	
SFR (3) bath		399.00	
Each additional bath/kitchen		45.00	
Fire sprinkler (____ sq. ft.)		Page 2	
Site utilities			
Catch basin or area drain		16.60	
Drywell, leach line, or trench drain		16.60	
Footing drain (no. linear ft.: ____)		Page 2	
Manufactured home utilities		110.00	
Manholes		16.60	
Rain drain connector		16.60	
Sanitary sewer (no. linear ft.: ____)		Page 2	
Storm sewer (no. linear ft.: ____)		Page 2	
Water service (no. linear ft.: ____)		Page 2	
Fixture or item			
Absorption valve		16.60	
Backflow preventer		Page 2	
Backwater valve		16.60	
Clothes washer		16.60	
Dishwasher		16.60	
Drinking fountain		16.60	
Ejectors/sump		16.60	
Expansion tank		16.60	
Fixture/sewer cap		16.60	
Floor drain/floor sink/hub		16.60	
Garbage disposal		16.60	
Hose bib		16.60	
Ice maker		16.60	
Interceptor/grease trap		16.60	
Medical gas (value: \$ ____)		Page 2	
Primer		16.60	
Roof drain (commercial)		16.60	
Sink/basin/lavatory		16.60	
Tub/shower/shower pan		16.60	
Urinal		16.60	
Water closet		16.60	
Water heater		16.60	
Other:			
Other:			
Subtotal			
Minimum Permit Fee: \$72.50			
Residential Backflow Minimum Fee: \$36.25			
Plan review (____ % of permit fee)			
State surcharge (12% of permit fee)			
TOTAL PERMIT FEE			
Date / Receipt No. & Amount:			

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.

* Fee methodology set by Tri-County Building Industry Service Board