



MUNICIPALITY _____

PLUMBING SUBCODE

FILL OUT DASHED LINED SECTIONS



DATE RECEIVED _____

DATE ISSUED _____

PERMIT # _____

R/N
R/O
C/N
C/O

A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Work Site Location _____

Owner _____

Address _____

Telephone _____

Email _____

Contractor _____

Address _____

Telephone _____ Fax _____

Email _____

B. PLUMBING CHARACTERISTICS

Use Group _____ Present _____ Proposed _____

Building Sewer Size _____

Water Service Size _____

COST OF PLUMBING WORK \$ _____

D. TECHNICAL SITE DATA (List of All Fixtures)

No.	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	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks	_____
_____	Other _____	_____
_____	Other _____	_____
_____	Other _____	_____

JOB SUMMARY (OFFICE USE ONLY)

PLAN REVIEW

No Plans Required

Joint Plan Review Required:

Building Plumbing

Fire

Plumb Plans Appr.

Date: _____

Approved By: _____

SUBCODE APPROVAL

CO CCO CA

DATE: _____ APPROVED BY: _____

C. CERTIFICATION IN LIEU OF OATH

I HEREBY CERTIFY I AM THE (AGENT OF) OWNER OF RECORD AND AM AUTHORIZED TO MAKE THIS APPLICATION

SIGNATURE

PLAN REVIEW	\$ _____
ADMINISTRATIVE CHARGE	\$ _____
UCC INSPECTION	\$ _____
PA L&I	\$ _____
TOTAL	\$ _____