

PLUMBING APPLICATION

PROPERTY ADDRESS

Town or
Plantation
Street or
Subdivision Lot #

PROPERTY OWNER(S) NAME

Last: _____ First: _____

Applicant
Name:

Mailing Address of
Owner/Applicant
(if Different)

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector(s) to deny a permit.

Signature of Owner/Applicant _____

Date _____



PERMIT INFORMATION

This Application is for

Type of Structure to be Served

Plumbing to be Installed by:

- 1. NEW PLUMBING
- 2. RELOCATED PLUMBING

- 1. SINGLE FAMILY RESIDENCE
- 2. MODULAR OR MOBILE HOME
- 3. MULTIPLE FAMILY DWELLING
- 4. OTHER-SPECIFY _____

- 1. MASTER PLUMBER
- 2. OIL BURNERMAN
- 3. MFG'D HOUSING DEALER / MECHANIC
- 4. PUBLIC UTILITY EMPLOYEE
- 5. PROPERTY OWNER

LICENSE # | | | | | | | | | | | | | | | |

Hook-Up & Piping Relocation
Maximum of 1 Hook-Up

Number Column 2
Type of Fixture

Number Column 1
Type of Fixture

<input type="checkbox"/> HOOK-UP: to public sewer by those cases where the connection is not regulated and inspected by the local sanitary district.	<input type="checkbox"/> Hosebib / Sillcock <input type="checkbox"/> Floor Drain <input type="checkbox"/> Urinal <input type="checkbox"/> Drinking Fountain <input type="checkbox"/> Indirect Waste	<input type="checkbox"/> Bathtub (and Shower) <input type="checkbox"/> Shower (separate) <input type="checkbox"/> Sink <input type="checkbox"/> Wash Basin <input type="checkbox"/> Water Closet (Toilet)
<input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system	<input type="checkbox"/> Water Treatment Softener, Filter, Etc. <input type="checkbox"/> Grease / Oil Separator <input type="checkbox"/> Roof Drain	<input type="checkbox"/> Clothes Washer <input type="checkbox"/> Dish Washer <input type="checkbox"/> Garbage Disposal
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<input type="checkbox"/> Bidet <input type="checkbox"/> Other: _____ <input type="checkbox"/> Fixtures (Subtotal) Column 2	<input type="checkbox"/> Laundry Tub <input type="checkbox"/> Water Heater <input type="checkbox"/> Fixtures (Subtotal) Column 1 <input type="checkbox"/> Fixtures (Subtotal) Column 2

OR

TRANSFER FEE
[\$6.00]

SEE PERMIT FEE SCHEDULE
FOR CALCULATING FEE

TOTAL FIXTURES

Fixture Fee
 Transfer Fee

Hook-Up & Relocation Fee

PERMIT FEE (TOTAL)

Owner Town Copy State Copy