



Plumbing Permit Application

Site Address _____ ZIP _____ Date _____

1. Owner Information

Name _____ Phone _____ Fax _____

Address _____ City _____ State _____ ZIP _____

2. Applicant Information

Name _____ Phone _____ Fax _____

Address _____ City _____ State _____ ZIP _____

Email _____

State License Number _____ Company Name (if applicable) _____

3. Project Information

Project Valuation \$ _____

Your permit will not be processed if this is left blank.

Description of work:

Gas Piping Size _____ # of Openings _____

Certification

Separate permits are required for Electrical, Building, Heating, Ventilating, Air Conditioning, Signs and Fences. This permit becomes null and void if the work authorized is not commenced within 180 days of the date of issuance, or if the work is abandoned or suspended for a period of 180 days. All provisions of laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other Federal, State or Local law regulating construction or the performance of construction activities. This permit may be revoked at any time for due cause.

I hereby certify that I have read and examined this application and know the same to be true and correct.

X Applicant Signature _____ **Date** _____

For Office Use Only

Double Fee Yes No Property ID _____ Application # _____