

PLUMBING PERMIT APPLICATION

***Required Information**

For Dept. Use Only
01-06-09

*Job Address _____

*Plumbing Contractor _____ *MPL: _____ *EXP: _____

*Contractor Contact _____ *Phone _____

Property Occupant _____ Phone _____

Property Owner _____ Phone _____

Address _____

PERMIT FEES

DESCRIPTION OF ITEM	QUANTITY	PRICE
PERMIT ISSUING FEE	1	\$10.00
SEWER YARD LINE		\$15.00
WATER YARD LINE		\$10.00
RESIDENTIAL IRRIGATION		\$10.00
COMMERCIAL IRRIGATION		\$20.00
WATER CLOSET		\$3.00
URINAL		\$3.00
LAVATORY		\$3.00
BATH TUB/SHOWER		\$3.00
KITCHEN SINK & DISPOSAL		\$3.00
COMMERCIAL KITCHEN 3-COMPARTMENT SINK		\$5.00
DISHWASHER		\$3.00
CLOTHES WASHER		\$3.00
WATER HEATER		\$10.00
DRINKING FOUNTAIN		\$3.00
ICE MACHINE W/ DRAIN (EXCEPT RESIDENTIAL REFRIGERATOR)		\$5.00
FLOOR SINK OR SLOP SINK		\$3.00
FLOOR DRAIN		\$3.00
WATER TREATING EQUIPMENT		\$3.00
WASTE INTERCEPTOR		\$25.00
NEW GAS PIPING -- GAS TEST -- Standard Pressure -- GAS OUTLETS, 1 TO 4		\$5.00
NEW GAS PIPING -- GAS TEST -- Elevated Pressure -- GAS OUTLETS, 1 TO 4		\$5.00
GAS OUTLETS, OVER 4 (EACH)		\$1.00
GAS TEST ONLY (GTO) Standard Pressure		\$15.00
GAS TEST ONLY (GTO) Elevated Pressure		\$15.00
STORM SEWER TIE IN		\$20.00
ROOF DRAIN		\$5.00
BACK FLOW PREVENTERS		\$5.00
HOSE BIBB VACUUM BREAKERS UP TO 5		\$2.50
HOSE BIBB VACUUM BREAKERS - OVER 5 (EACH)		\$1.00
NEW MEDICAL GAS SYSTEM		\$25.00
MEDICAL GAS OUTLETS -- EACH		\$2.00
ITEMS NOT OTHERWISE SPECIFIED		\$3.00
OUTSIDE CITY LIMITS FEE		\$25.00
RE-INSPECTION FEE		\$25.00
AFTER-HOURS INSPECTION FEE (If Available)		\$50.00
AFTER-HOURS INSPECTION - PER HOUR - \$25.00		\$25.00

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. 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 STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

*SIGNATURE OF CONTRACTOR/OWNER OR AUTHORIZED AGENT (Required) (DATE)

*Name Printed

*Primary Contact Number

Other Contact Number