



PLUMBING PERMIT

PERMIT NO. _____

DATE: _____

JOB ADDRESS:

OWNER:

LEGAL DESCRIPTION:

ZONE:	ESTIMATED COST:	FEE:
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CONTRACTOR:	ADDRESS	PHONE
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LICENSE NUMBER:

ARCHITECT:	ADDRESS	PHONE
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ENGINEER:	ADDRESS	PHONE
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USE OF BUILDING:

CLASS OF WORK:	New	Additional	Alter/Remodel	Replace
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DESCRIBE WORK:

QUANTITY (* Denotes items that require permit and inspection for replacement)

Sinks	Floor sinks	* Grease traps
Lavatories	Water softeners	* Interceptors
Tubs/showers	Laundry tubs	* Air Conditioner
Water closets	Urinals	* Furnace
Dishwashers	Backflow preventers	* Heat Pump/Mini Split
Clothes washers	Garbage disposals	* Water Heater
Floor drains	Gas Pip Outlet	Other fixtures
Drinking fountain	Lawn Sprinkler	Building Sewer

Base permit fee of \$10.00 + \$2.00/ above items except gas piping (one to five outlets \$2.00/each and \$1.00/each over five)

NOTICE

This permit becomes null and void if authorized work is not commenced within 180 days, if work is suspended or abandoned for a period of 180 days at any time after work commenced, or if project is not completed in two years.

I 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 plumbing installation or the performance of plumbing. Inspections are required before concealing all work and when work is complete.

Signature of Applicant _____ Date: _____

Approved by: _____ Date: _____

For an inspection, call (319) 931-5582

220 West Monroe Street, Mount Pleasant, Iowa 52641

Phone: 319-385-1474

FAX 391-385-1466