



PLUMBING/HVAC PERMIT

PERMIT NO. _____

DATE: _____

JOB ADDRESS:

OWNER:

LEGAL DESCRIPTION:

ZONE:

ESTIMATED COST:

FEE:

CONTRACTOR:

ADDRESS

PHONE

LICENSE NUMBER:

CONTRACTOR LIC. NUMBER:

ARCHITECT:

ADDRESS

PHONE

ENGINEER:

ADDRESS

PHONE

USE OF BUILDING:

CLASS OF WORK:

New

Additional

Alter/Remodel

Replace

DESCRIBE WORK:

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

Sinks	Floor sinks	* Grease traps
Lavatories	Water softeners	* Interceptors
Tubs/showers	Hose bibbs	* Air Conditioner
Water closets	Urinals	* Furnace
Dishwashers	Backflow preventers	* Heat Pump/Mini Split
Clothes washers	Garbage disposals	* Water Heater
Floor drains	Other:	Building Sewer
Drinking fountain	Lawn Sprinkler	Annual Permit (\$100 +\$25/ for 6th+ inspection)

Base permit fee of \$15.00 + \$3.00 for each above fixture/outlet/appliance/apparatus requiring permit, except annual permit \$100

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.

For an inspection, call use contact info below. Inspections are required for all work that requires a permit before concealing and when complete. Inspections must be scheduled 24hrs in advance. If city cannot inspect within 24hrs, work may be concealed ONLY IF PERFORMED BY A LICENSED PLUMBING/HVAC CONTRACTOR. Work must comply with applicable codes, whether or not it was inspected.

Signature of Applicant _____ Date: _____

Payment Approved by: _____ Approved by: _____ Date: _____