



PLUMBING PERMIT APPLICATION

DATE: _____ ADDRESS: _____
 LANDOWNER NAME: _____ PHONE#: _____
 CONTRACTOR BUSINESS NAME: _____
 CONTRACTOR LICENSE# _____ EXP DATE: _____
 YOUR NAME: _____ PHONE #: _____
 YOUR BUSINESS EMAIL: _____

REINSPECTION FEE ASSESSMENT \$75.00

PERMIT FEES ARE NON-REFUNDABLE

SCOPE OF WORK:

- COMMERCIAL NEW ADDITION REMODEL OTHER _____
 RESIDENTIAL NEW ADDITION REMODEL OTHER _____
 PRESSURE TEST LP GAS NATURAL GAS

		FEE
DWV AND WATER DISTRIBUTION	_____ sq ft Heated X .03 / sq ft RESIDENTIAL _____ sq ft Heated X .06 / sq ft COMMERCIAL	
BACKFLOW DEVICE	_____ up to 1 inch @ \$5/ea _____ 1 to 3 inch @ \$10/ea _____ 3 inch and up @ \$15/ea	
WATER SERVICE LINE	up to 1 inch @ \$10/ea 1 1/4 inch and up @ \$15/ea	
RV / MH PARKS (Multiple Water Distribution)	# Water outlets _____ \$15 Water Service & \$2/ea outlet.....	
SEWER OR MODULAR BUILDING DRAIN	_____ \$10/ea.....	
RV / MH PARKS (Multiple Sewer Branches)	# Branch Lines \$10 Sewer Line & \$2 /ea Branch.....	
GAS PIPING SYSTEM (New or Replacement)	\$40/ea WITH Yard Line Yard Line / lbs. or oz. (Circle One) \$30/ea NO Yard Line-----	
	Gas reconnect Test Only (Administrative fee)	
SWIMMING POOL	\$35	
WATER HEATER	_____ \$10/each.....	
MEDICAL GAS SYSTEM	_____ sq ft Heated X .05 / sq ft	
ADMINISTRATIVE FEE	\$40
	TOTAL FEES \$	