

Permit No	 	
Receipt No:	 	

PLUMBING PERMIT APPLICATION

☐ RESIDENTIAL
☐ COMMERCIAL/INDUSTRIAL

	PROJE	CT ADDRESS		
PROPERTY OWNER		APPLICANT (□ Check if same as owner)		
NAME		NAME		
ADDRESS		ADDRESS		
CITY, STATE, ZIP		CITY, STATE, ZIP		
PHONE		CONTACT NAME		
		PHONE		
		MASTER PLUMBER #		
WATER CLOSETS	CLOTHE	S WASHERS	CATCH BASINS	
LAVATORIES	LAUNDR	Y TRAYS	BRADLEY SINKS	
BATHTUBS	WATER I	HEATERS	BIDETS	
SHOWER STALLS	FLOOR [DRAINS	BAR SINKS	
KITCHEN SINKS	SUMP PU	JMPS	ICE CHESTS	
DISPOSALS	URINALS	3	STORM SEWERS	
DISHWASHERS	SERVICE	SINKS	ROOF DRAINS	
DRINKING FOUNTAINS	WALL HY	/DRANTS	GREASE TRAPS	
	WHIRLPO	OOLS	EJECTOR PUMPS	
	TOTAL NUM	BER OF FIXTURES:		
ESTIMATED COST: \$		FEE: \$		
OTHER WORK OR COMMENT	S:			
			nly the work specified herein and to d the Ordinances of the Town of	
APPLICANT SIGNATURE:			DATE:	
APPROVED BY:			DATE:	