



# PLUMBING SUBCODE TECHNICAL SECTION



Date Received  
Control #  
Date Issued  
Permit #

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block \_\_\_\_\_ Lot \_\_\_\_\_ Qualification Code \_\_\_\_\_  
Work Site Location \_\_\_\_\_

Owner in Fee \_\_\_\_\_  
Address \_\_\_\_\_

Tel (\_\_\_\_) \_\_\_\_\_  
Contractor \_\_\_\_\_

Address \_\_\_\_\_  
Tel (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

Contractor License No. \_\_\_\_\_  
Federal Emp. No. \_\_\_\_\_

B. PLUMBING CHARACTERISTICS  
Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_  
Building Sewer Size \_\_\_\_\_ Public Sewer \_\_\_\_\_ Private Septic \_\_\_\_\_  
Water Service Size \_\_\_\_\_ Public Water \_\_\_\_\_ Private Well \_\_\_\_\_  
Est. Cost of Plumbing Work \$ \_\_\_\_\_

C. CERTIFICATION IN LIEU OF OATH  
I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

JOB SUMMARY (Office Use Only)  
PLAN REVIEW  
 No Plans Required  
Joint Plan Review Required:  
 Building  Electric  
 Fire  Elevator  
 Plumbing Plans Approved

Date: \_\_\_\_\_  
Approved by: \_\_\_\_\_

SUBCODE APPROVAL  
 CO  CCO  CA

Date: \_\_\_\_\_  
Approved by: \_\_\_\_\_

INSPECTIONS	Type:	Dates (Month/Day)		
		Failure	Failure	Approval
Slab				
Rough				
Water Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LP Gas Tank				
Fuel Oil Piping				
Solar				
TCO				

D. TECHNICAL SITE DATA (List of all fixtures.)

NO. \_\_\_\_\_ FEE (Office Use Only) \$ \_\_\_\_\_  
FIXTURE/EQUIPMENT

Water Closet \_\_\_\_\_  
Urinal/Bidet \_\_\_\_\_  
Bath Tub \_\_\_\_\_  
Lavatory \_\_\_\_\_  
Shower \_\_\_\_\_  
Floor Drain \_\_\_\_\_  
Sink \_\_\_\_\_  
Dishwasher \_\_\_\_\_  
Drinking Fountain \_\_\_\_\_  
Washing Machine \_\_\_\_\_  
Hose Bibb \_\_\_\_\_  
Water Heater \_\_\_\_\_  
Fuel Oil Piping \_\_\_\_\_  
Gas Piping \_\_\_\_\_  
LP Gas Tank \_\_\_\_\_  
Steam Boiler \_\_\_\_\_  
Hot Water Boiler \_\_\_\_\_  
Sewer Pump \_\_\_\_\_  
Interceptor/Separator \_\_\_\_\_  
Backflow Preventer \_\_\_\_\_  
Greasetrap \_\_\_\_\_  
Sewer Connection \_\_\_\_\_  
Water Service Connection \_\_\_\_\_  
Stacks \_\_\_\_\_  
Other \_\_\_\_\_  
Other \_\_\_\_\_

Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
State Permit Surcharge Fee	\$ _____
<b>TOTAL FEE</b>	<b>\$ _____</b>

Applicant's Signature/Contractor's Seal and Signature  
 Licensed Plumbing Contractor  Exempt Applicant