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: _____
Tel. (_____) _____ e-mail _____
Address _____
street municipality zip code
Contractor: _____ Tel. (_____)_____
Address _____ e-mail _____
_____
Contractor License No. _____ Exp. Date_____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: (_____) _____

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 $_____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
			Type:	Failure	Failure	Approval	Initial
[ ] No Plans Required			Slab				
[ ] All			Rough				
[ ] Plumbing Plans Approved			Water				
Date: _____Reviewed by: _____			Sewer				
Joint Plan Review Required:			Fixtures				
[ ] Bldg. [ ] Elec. [ ] Fire [ ] Elev.			Gas Equipment				
Date: _____Reviewed by: _____			Gas Piping				
SUBCODE APPROVAL for PERMIT			LP Gas Tank				
Date:_____			Fuel Oil Piping				
Released by: _____			Solar_____				
SUBCODE APPROVAL for CERTIFICATE			TCO				
[ ] CO [ ] CCO [ ] CA			Final				
Date: _____			_____				
Released by: _____							

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.
Applicant/Contractor
Sign here: _____
Print name here: _____

D. TECHNICAL SITE DATA [ ] Licensed Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK:

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	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	
_____	Grease trap	
_____	Sewer Connection	
_____	Water Service Connection	
_____	Stacks _____	
_____	Other _____	

Administrative Surcharge $_____
Minimum Fee $_____
State Permit Surcharge Fee $_____
TOTAL FEE $_____

U.C.C. F130
(rev. 12/25)

1 White= Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy