



PLUMBING SUBCODE

TECHNICAL SECTION



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
<input type="checkbox"/> No Plans Required			Slab				
<input type="checkbox"/> All			Rough				
<input type="checkbox"/> Plumbing Plans Approved			Water				
Date: _____	Reviewed by: _____		Sewer				
Joint Plan Review Required:			Fixtures				
<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Fire <input type="checkbox"/> 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				
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA			Final				
Date: _____							
Released by: _____							

Date Received

Control #

Date Issued

Permit #

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

____ 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 _____

FEE (Office Use Only)

\$ _____