

PLUMBING SUBCODE TECHNICAL SECTION



Date Received _____
Date Issued _____
Control # _____
Permit # _____

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTOR, NOTIFY THIS OFFICE.

Block _____ Lot _____

Work Site Location _____

Owner in Fee _____

Address _____

Tele. (_____) _____

Contractor _____

Address _____

Tele. (_____) _____ Fax (_____) _____

Lic. 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 \$ _____

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

NO.	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	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks	_____
_____	Other _____	_____
_____	Other _____	_____
_____	Other _____	_____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)			
		Failure	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required	Type:				
Joint Plan Review Required:	Slab	_____	_____	_____	_____
<input type="checkbox"/> Building <input type="checkbox"/> Electric	Rough	_____	_____	_____	_____
<input type="checkbox"/> Fire <input type="checkbox"/> Elevator	Water	_____	_____	_____	_____
<input type="checkbox"/> Plumbing Plans Approved	Sewer	_____	_____	_____	_____
Date: _____	Fixtures	_____	_____	_____	_____
Approved by: _____	Gas Equipment	_____	_____	_____	_____
	Gas Piping	_____	_____	_____	_____
SUBCODE APPROVAL	Solar	_____	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA	TCO _____	_____	_____	_____	_____
Date: _____	_____	_____	_____	_____	_____
Approved 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 and perform the work listed on this application.

Signature — Contractor's Seal _____

Licensed Plumbing Contractor Exempt Applicant

Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
Fee	\$ _____
TOTAL FEE	\$ _____

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy