



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: 1-800-272-1011

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee: _____

Tel. _____ e-mail _____

Address _____ street _____ municipality _____ zip code _____

Contractor _____

Address _____ e-mail _____

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. _____ Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

B. PLUMBING CHARACTERISTICS

Use Group _____ Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Siphon _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$ _____

J.C. Subcode (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)			
	Type:	Field	Initial	Approval	Initial
<input type="checkbox"/> No Plans Required	Stack				
<input type="checkbox"/> Partially Approved	Drain				
Approved by: _____	Water				
<input type="checkbox"/> Plumbing Plans Approved	Sewer				
Date: _____	Fixtures				
Joint Plan Review Required:	Gas Equipment				
<input type="checkbox"/> Old <input type="checkbox"/> Elec. <input type="checkbox"/> Fire <input type="checkbox"/> Elev	Gas Piping				
SUBCODE APPROVAL for PERMIT	LPGas Tank				
Date: _____	Fuel Oil Piping				
Approved by: _____	Solar				
SUBCODE APPROVAL for CERTIFICATE	TCO				
<input type="checkbox"/> CO <input type="checkbox"/> C/D <input type="checkbox"/> CA	Final				
Date: _____					
Approved by: _____					

C. CERTIFICATION IN RECORD BOOK

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 certificate.

Applicant sign/Contractor sign and seal here: _____

Print name here: _____
[] Licensed Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

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	_____
_____	Wash Tub	_____
_____	Water Heater	_____
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	LPGas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetraps	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks	_____
_____	Other	_____

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