

PLUMBING / SEWER PERMIT APPLICATION

ADDRESS OF PROJECT: _____

APPLICANT NAME: _____ PHONE: _____

APPLICANT COMPANY (if any): _____

APPLICANT EMAIL: _____

MASTER REGISTRATION HOLDER (IF DIFFERENT FROM ABOVE): _____

PROPERTY OWNER NAME: _____ PHONE: _____

PROPERTY OWNER EMAIL: _____

FOR EXISTING, SINGLE-FAMILY DWELLINGS ONLY: IF YOU ARE APPLYING FOR AN OWNER-OCCUPANT PERMIT, DO YOU CERTIFY THAT YOU OR YOUR IMMEDIATE FAMILY IS THE OWNER OF THIS PROPERTY, ARE CURRENTLY LIVING AT THIS LOCATION AND WILL BE THE ONLY ONE DOING THIS WORK? (CIRCLE ONE) YES N/A

BRIEF DESCRIPTION OF WORK: _____

CIRCLE ALL THAT APPLY: NEW BUILDING | EXISTING BUILDING ALTERATION, REPAIR OR REPLACEMENT
NEW ADDITION | NEW ACCESSORY BUILDING OR STRUCTURE | OTHER: _____

PROVIDE THE FOLLOWING INFORMATION APPLICABLE TO THIS PROJECT:

| | |
|--|-------------------------------------|
| ESTIMATED VALUE OF THIS CONSTRUCTION: | \$ |
| TOTAL # OF DWELLING UNITS: | |
| TOTAL SQUARE FOOTAGE OF NEW CONSTRUCTION: | |
| TOTAL # OF FIXTURES, WATER HEATERS, APPLIANCES, DRAINS, BACKFLOWS, CLEANOUTS, MANHOLES OR CATCH BASINS BEING ADDED OR REPLACED: | |
| PERMIT TO INCLUDE OUTSIDE SANITARY, WATER OR STORM/SUMPLINE? (CIRCLE ALL THAT APPLY) | SANITARY WATER STORM |

APPLICANT CERTIFIES THAT ALL ABOVE INFORMATION IS CORRECT AND THAT ALL APPLICABLE LAWS AND ORDINANCES WILL BE COMPLIED WITH IN PERFORMING THE WORK FOR WHICH THE PERMIT IS ISSUED AND THAT THEY ARE AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION.

APPLICANT SIGNATURE: _____ **DATE:** _____

| | | |
|--|---------------------------------------|----|
| FOR BUILDING DEPARTMENT PERSONNEL USE ONLY: | | |
| APPLICATION #: | TOTAL AMOUNT DUE FOR PERMIT ISSUANCE: | \$ |