



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 _____
Contractor: _____ Tel: _____
Address _____ e-mail _____

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.
Applicant sign/Contractor sign and seal here: _____
Print name here: _____
 Licensed Contractor Exempt Applicant

Contractor License No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason _____
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
 No Plans Required
 Partial -Underslab Utilities Approved
 Date: _____ Approved by: _____ Type: _____
 Plumbing Plans Approved
 Date: _____ Approved by: _____ Type: _____
 Joint Plan Review Required: _____
 Bldg. Elec. Fire. Elev.
SUBCODE APPROVAL for PERMIT
 Date: _____
 Approved by: _____
SUBCODE APPROVAL for CERTIFICATE
 CO CCO CA
 Date: _____
 Approved by: _____

INSPECTIONS	Dates (Month/Day)		
	Failure	Failure	Approval
Slab	_____	_____	_____
Rough	_____	_____	_____
Water	_____	_____	_____
Sewer	_____	_____	_____
Fixtures	_____	_____	_____
Gas Equipment	_____	_____	_____
Gas Piping	_____	_____	_____
LPGas Tank	_____	_____	_____
Fuel Oil Piping	_____	_____	_____
Solar	_____	_____	_____
TCO	_____	_____	_____
Final	_____	_____	_____

D. TECHNICAL SITE DATA

QTY.	DESCRIPTION OF WORK	FEE (Office Use Only)
_____	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	_____
_____	LPGas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Grastrap	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks	_____
_____	Other	_____

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