



**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 \_\_\_\_\_  
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 \$ \_\_\_\_\_

**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 Plumbing 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	_____
_____	Hose Bibb	_____
_____	Water Heater	_____
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	LPGas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks _____	_____
_____	Other _____	_____

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)			
		Failure	Failure	Approval	Initial
[ ] No Plans Required	Type:	_____	_____	_____	_____
[ ] Partial -Underslab Utilities Approved	Slab	_____	_____	_____	_____
Date: _____ Approved by: _____	Rough	_____	_____	_____	_____
[ ] Plumbing Plans Approved	Water	_____	_____	_____	_____
Date: _____ Approved by: _____	Sewer	_____	_____	_____	_____
Joint Plan Review Required:	Fixtures	_____	_____	_____	_____
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.	Gas Equipment	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT	Gas Piping	_____	_____	_____	_____
Date: _____	LPGas Tank	_____	_____	_____	_____
Approved by: _____	Fuel Oil Piping	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE	Solar	_____	_____	_____	_____
[ ] CO [ ] CCO [ ] CA	TCO _____	_____	_____	_____	_____
Date: _____	Final	_____	_____	_____	_____
Approved by: _____		_____	_____	_____	_____

Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
State Permit Surcharge Fee	\$ _____
<b>TOTAL FEE</b>	<b>\$ _____</b>