



APPLICATION FOR PLUMBING PERMIT



PLEASE FILL OUT THE FOLLOWING INFORMATION

JOB ADDRESS: _____ UNIT NUMBER: _____

CITY/LOCALITY: _____ CROSS STREET: _____

ASSESSOR INFORMATION NUMBER: _____ - _____ - _____

TENANT: _____ (LAST NAME/BUSINESS NAME) _____ (FIRST) _____ (MI)

OWNER'S NAME: _____ (LAST NAME/BUSINESS NAME) _____ (FIRST) _____ (MI) OWNER/BUILDER: YES NO

ADDRESS: _____ PHONE: (____) _____ EXT: _____

APPLICANT: _____ (LAST NAME/BUSINESS NAME) _____ (FIRST) _____ (MI)

ADDRESS: _____ PHONE: (____) _____ EXT: _____

CONTRACTOR: _____ (LAST NAME/BUSINESS NAME) _____ (FIRST) _____ (MI) LIC. NUMBER: _____ CLASS: _____

ADDRESS: _____ PHONE: (____) _____ EXT: _____

ARCH/ENG: _____ (LAST NAME/BUSINESS NAME) _____ (FIRST) _____ (MI) LIC. NUMBER: _____ CLASS: _____

ADDRESS: _____ PHONE: (____) _____ EXT: _____

WORK DESCRIPTION: _____

PLEASE FILL OUT THE REVERSE SIDE

PLUMBING FEES

<u>ITEM</u>	<u>QUANTITY</u>	
03	BACKWATER VALVES	_____ Valve(s)
05	BACKFLOW PREVENTION DEVICE/SPRINKLER	_____ Device(s)
07	BATHTUBS/SHOWERS	_____ Fixture(s)
11	CLOTHESWASHER (TRY/STANDPIPE)	_____ Fixture(s)
13	DISHWASHERS	_____ Fixture(s)
15	DINKING FOUNTAIN	_____ Fixture(s)
17	FLOOR DRAINS	_____ Fixture(s)
19	FLOOR SINKS	_____ Fixture(s)
21	HOSE BIBBS	_____ Fixture(s)
23	INTERCEPTOR (CLARIFIER)	_____ System(s)
25	LAVATORIES/SINKS	_____ Fixture(s)
26	MISCELLANEOUS FIXTURE	_____ Fixture(s)
27	PRESSURE REGULATOR – PRV/WATER	_____ Device(s)
29	ROOF DRAINS	_____ Fixture(s)
35	SOLAR WATER HEATING SYSTEM	_____ System(s)
39	SWIMMING POOL TRAP AND RECEPTOR	_____ System(s)
41	TRAP PRIMER	_____ System(s)
45	WATER CLOSET/URINAL/BIDET	_____ Fixture(s)
47	WATER HEATER	_____ W.H.(s)
49	WATER TREATING EQUIPMENT (FILTER, SOFTNER)	_____ System(s)
51	LOW PRESSURE GAS SYS (5 OUTLETS OR LESS)	_____ System(s)
52	FEE FOR ADDITIONAL OUTLETS>5	_____ Outlet(s)
53	MEDIUM/HIGH PRESSURE GAS SYSTEM	_____ System(s)
54	ADDITIONAL FEE FOR EACH OUTLET	_____ Outlet(s)
55	GAS METER (PRIVATE)	_____ Meter(s)
56	GAS REGULATOR	_____ Reg(s)
60	DRAINAGE/VENT PIPING REPAIR OR ALTER	_____ System(s)
62	GREYWATER SYSTEM	_____ System(s)
63	WATER PIPING REPLACEMENT BRANCH/FIXTURE	_____ Fixture(s)
64	OTHER WATER PIPING <1 ½ INCHES	_____ Line(s)
65	OTHER WATER PIPING 2-3 INCHES	_____ Line(s)
66	OTHER WATER PIPING >3 INCHES	_____ Line(s)

FOR BUILDING AND SAFETY USE ONLY

01	PERMIT ISSUANCE FEE	_____
0W	PLAN CHECK FEE (PLUMBING CODE)	_____
82	ADDITIONAL PLAN CHECK (COMB WASTE & VENT)	_____ System(s)
83	ADDITIONAL PLAN CHECK (EARTHQUAKE VALVE)	_____ Valve(s)
84	ADDITIONAL PLAN CHECK (CHEMICAL WASTE)	_____ System(s)
85	ADDITIONAL PLAN CHECK (RAINWATER SYSTEM)	_____ System(s)
86	PLAN CHECK COMB WASTE & VENT ONLY	_____ System(s)
87	PLAN CHECK EARTHQUAKE VALVE ONLY	_____ Valve(s)
88	PLAN CHECK CHEMICAL WASTE ONLY	_____ System(s)
89	PLAN CHECK RAINWATER SYSTEM ONLY	_____ System(s)
90	PLAN CHECK GREYWATER SYSTEM ONLY	_____ System(s)
91	SUPPLEMENTAL PLAN CHECK FEES	_____ Hour(s)
92	INVESTIGATION FEE (R-3 OCCUPANCY)	_____ Each
93	INVESTIGATION FEE (OTHER OCCUPANCY)	_____ Each
94	NONCOMPLIANCE (R-3 OCCUPANCY)	_____ Each
95	NONCOMPLIANCE (OTHER OCCUPANCY)	_____ Each
96	BOARD OF APPEALS FEE	_____
97	ALTERNATE MATERIAL FEE	_____ Hour(s)