



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

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

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

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

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

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

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

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)