



PLUMBING/ IRRIGATION PERMIT APPLICATION

Please print clearly all information. Incomplete applications will not be accepted.

FAILURE TO OBTAIN A PERMIT BEFORE CONSTRUCTION BEGINS WILL RESULT IN FEE BEING DOUBLED

TYPE OF PERMIT: PLUMBING IRRIGATION

JOB SITE ADDRESS: _____

OWNER'S NAME: _____

CONTRACTOR: (ALL CONTRACTORS MUST BE REGISTERED WITH THIS OFFICE BEFORE PERMIT ISSUANCE)

MASTER LICENSE HOLDER: _____

COMPANY NAME: _____

OFFICE PHONE: _____ CELL PHONE: _____

LICENSE #: _____ EXPIRE DATE: _____

BUILDING TYPE: RESIDENTIAL COMMERCIAL

CLASS OF WORK: NEW CONSTRUCTION ALTERATION

ADDITION TO EXIST BLDG. GAS TEST

NUMBER OF ITEMS:

- _____ TOILET
- _____ BATHTUB
- _____ LAVATORY
- _____ SHOWER
- _____ KITCHEN SINK
- _____ GARBAGE DISPOSAL
- _____ DISHWASHER
- _____ CLOTHES WASHER
- _____ WATER HEATER
- _____ URINAL
- _____ HOSE BIBS
- _____ DRINKING FOUNTAIN
- _____ FLOOR SINK/ DRAIN
- _____ MOP/ UTILITY SINK

- _____ GAS SYSTEM (NUMBER OF OUTLETS)
- _____ WATER LINE (PER 100 FEET)
- _____ GREASE INTERCEPTOR
- _____ WATER SOFTENER
- _____ VACUMN BREAKERS
- _____ SEWER LINE (PER 100 FEET)
- _____ OTHER (DESCRIBE BELOW)
- _____ GAS TEST
- _____ GAS LINE (PER 100 FEET)

- NUMBER OF IRRIGATION ITEMS:**
- _____ LAWN SPRINKLER HEADS
 - _____ FIRE SPRINKLER HEADS
 - _____ BACK FLOW PREVENTER

NOTES: _____

Printed name _____ Signature _____

Date _____ Application accepted by: _____