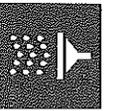




PLUMBING SUBCODE TECHNICAL SECTION



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. (_____) _____ e-mail _____

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 \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Failure	Failure	Approval	Initial
Type:					
<input type="checkbox"/> No Plans Required	Rough				
<input type="checkbox"/> Partial -Under/slab Utilities Approved	Water				
Date: _____ Approved by: _____	Sewer				
<input type="checkbox"/> Plumbing Plans Approved	Fixtures				
Date: _____ Approved by: _____	Gas Equipment				
Joint Plan Review Required:	Gas Piping				
<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev.	LP Gas Tank				
<input type="checkbox"/> SUBCODE APPROVAL for PERMIT	Fuel Oil Piping				
Date: _____	Solar				
Approved by: _____	TCO				
<input type="checkbox"/> SUBCODE APPROVAL for CERTIFICATE					
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA					
Date: _____					
Approved by: _____					

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's Signature/Contractor's Seal and Signature

Licensed Plumbing Contractor Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Date Received
Control #
Date Issued
Permit #

QTY.	DESCRIPTION OF WORK	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	\$ _____
_____	LP Gas Tank	\$ _____
_____	Steam Boiler	\$ _____
_____	Hot Water Boiler	\$ _____
_____	Sewer Pump	\$ _____
_____	Interceptor/Separator	\$ _____
_____	Backflow Preventer	\$ _____
_____	Graesetrap	\$ _____
_____	Sewer Connection	\$ _____
_____	Water Service Connection	\$ _____
_____	Stacks	\$ _____
_____	Other _____	\$ _____
_____	Other _____	\$ _____
_____	Other _____	\$ _____

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