



# 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.**

Date Received  
Control #  
Date Issued  
Permit #

Block \_\_\_\_\_ Lot \_\_\_\_\_ Qualification Code \_\_\_\_\_  
Work Site Location \_\_\_\_\_

Owner in Fee: \_\_\_\_\_

Tel. (\_\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_ street \_\_\_\_\_ municipality \_\_\_\_\_ Tel. (\_\_\_\_\_) \_\_\_\_\_ zip code \_\_\_\_\_

Contractor: \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_ street \_\_\_\_\_ municipality \_\_\_\_\_ Tel. (\_\_\_\_\_) \_\_\_\_\_ zip code \_\_\_\_\_

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	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Initial
[ ] No Plans Required			Type:	Failure	Failure	Approval
[ ] All			Slab			
[ ] Plumbing Plans Approved			Rough			
Date: _____ Reviewed by: _____			Water			
Joint Plan Review Required:			Sewer			
[ ] Bldg. [ ] Elec. [ ] Fire [ ] Elev.			Fixtures			
Date: _____ Reviewed by: _____			Gas Equipment			
SUBCODE APPROVAL for PERMIT			Gas Piping			
Date: _____			LP Gas Tank			
Released by: _____			Fuel Oil Piping			
SUBCODE APPROVAL for CERTIFICATE			Solar			
[ ] CO [ ] CCO [ ] CA			TOO			
Date: _____			Final			
Released 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.

Applicant/Contractor  
Sign here: \_\_\_\_\_  
Print name here: \_\_\_\_\_

**D. TECHNICAL SITE DATA** [ ] Licensed Contractor [ ] Exempt Applicant

## 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	\$ _____
	LP Gas Tank	\$ _____
	Steam Boiler	\$ _____
	Hot Water Boiler	\$ _____
	Sewer Pump	\$ _____
	Interceptor/Separator	\$ _____
	Backflow Preventer	\$ _____
	Grease trap	\$ _____
	Sewer Connection	\$ _____
	Water Service Connection	\$ _____
	Stacks	\$ _____
	Other	\$ _____

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