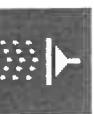




PLUMBING SUBCODE TECHNICAL SECTION



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: _____ Address: _____
Contractor License No. _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: (_____)

B. PLUMBING CHARACTERISTICS

Use Group	Present	Proposed	Exp. Date
Building/Sewer Size	Public Sewer	Private Septic	
Water Service Size	Public Water	Private Well	

Est. Cost of Plumbing Work \$ _____

C. JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)
<input type="checkbox"/> No Plans Required	_____	_____	Type:	_____	_____
<input type="checkbox"/> All	_____	_____	Slab	_____	_____
<input type="checkbox"/> Plumbing Plans Approved	_____	_____	Rough	_____	_____
Date: _____	Reviewed by: _____	Water	_____	_____	_____
Joint Plan Review Required:	_____	Sewer	_____	_____	_____
<input type="checkbox"/> Bidg. <input type="checkbox"/> Elec. <input type="checkbox"/> Fire <input type="checkbox"/> Elev.	_____	Fixtures	_____	_____	_____
Date: _____	Reviewed by: _____	Gas Equipment	_____	_____	_____
SUBCODE APPROVAL for PERMIT					
Date: _____	Gas Piping	_____	_____	_____	_____
Released by: _____	LP Gas Tank	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE					
<input type="checkbox"/> CO <input type="checkbox"/> ICCO <input type="checkbox"/> ICA	Solar	_____	_____	_____	_____
Date: _____	TCO	_____	_____	_____	_____
Released by: _____	Final	_____	_____	_____	_____

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

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

Date Received
Control #
Permit #
Date Issued

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