**APPLICATION FOR COMMERCIAL PLUMBING PERMIT**

DATE: PERMIT #

**LOCATION ADDRESS**: UNIT/FLOOR # PROJECT/BUSINESS TENANT: TENANT PHONE: PROJECT NAME: PROJECT VALUATION: $

SQ. FT. (Round UP to nearest 10 sq. ft.)

|  |  |  |
| --- | --- | --- |
| [ ]  NEW BLDG | [ ]  ADDITION | [ ]  ALTER/REMODEL |
| [ ]  WATER HEATER | [ ]  WATER SERVICE | [ ]  BOILER STEAM/LOW PRESSURE |
| [ ]  GAS LINE | [ ]  BACK FLOW | [ ]  WATER METER CHANGE OUT |
| [ ]  OTHER |  |  |
| **DESCRIBE WORK:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |

**CONTRACTOR**: EMAIL: ADDRESS: PHONE: CITY: STATE: ZIP:

.

**PROPERTY OWNER**: PHONE: ADDRESS: EMAIL: CITY: STATE: ZIP: **TENANT NAME**: **TENANT PHONE**:

|  |  |  |
| --- | --- | --- |
| **FEES OWED:** |  |  |
| The office will determine fee totals. (See fee schedule for reference) Please contact us with any questions. |  |  |
| [ ]  Check |  |  |
| [ ]  Cash |  |  |
| [ ]  Credit Card |  |  |
|  |  |  |
| Do not send payment with initial submittal. |  |  |
| SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Applicant, Agent, Owner |  |  |
|  |  |
| **TOTAL** | $ |

The applicant, agent, owner of this property and the undersigned is (1) responsible to verify all property lines, (2)

responsible for making arrangements for all inspections.

**CALL BEFORE YOU DIG – OUPS – 1-800-362-2764**