



**PLUMBING SUBCODE
TECHNICAL SECTION**



Date Received
Control #

Date Issued
Permit #

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. (_____) _____

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) | | Dates (Month/Day) | | | |
|---|--------------------|-------------------|--|----------|---------|
| PLAN REVIEW | | Failure | | Approval | Initial |
| <input type="checkbox"/> No Plans Required | | | | | |
| <input type="checkbox"/> Partial -Underslab Utilities Approved | | | | | |
| Date: _____ | Approved by: _____ | | | | |
| <input type="checkbox"/> Plumbing Plans Approved | | | | | |
| Date: _____ | Approved by: _____ | | | | |
| Joint Plan Review Required: | | | | | |
| <input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev. | | | | | |
| SUBCODE APPROVAL for PERMIT | | | | | |
| Date: _____ | Approved by: _____ | | | | |
| 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

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
 _____ LPGas Tank
 _____ Steam Boiler
 _____ Hot Water Boiler
 _____ Sewer Pump
 _____ Interceptor/Separator
 _____ Backflow Preventer
 _____ Greasetrap
 _____ Sewer Connection
 _____ Water Service Connection
 _____ Stacks _____
 _____ Other _____
 _____ Other _____

FEE (Office Use Only)

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