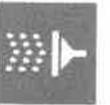




# PLUMBING SUBCODE TECHNICAL SECTION



**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. ( \_\_\_\_\_ ) \_\_\_\_\_  
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)		INSPECTIONS		
PLAN REVIEW		Type	Failure	Dates (Month/Day)
<input type="checkbox"/> No Plans Required		Slab	Failure	Approval
<input type="checkbox"/> Joint Plan Review Required		Rough	Failure	Approval
<input type="checkbox"/> Building <input type="checkbox"/> Electric		Water	Failure	Approval
<input type="checkbox"/> Fire <input type="checkbox"/> Elevator		Sewer	Failure	Approval
<input type="checkbox"/> Plumbing Plans Approved		Fixtures	Failure	Approval
Date: _____		Gas Equipment	Failure	Approval
Approved by: _____		Gas Piping	Failure	Approval
		LP Gas Tank	Failure	Approval
		Fuel Oil Piping	Failure	Approval
		Solar	Failure	Approval
		TCO	Failure	Approval

**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	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	
		Greasetrap	
		Sewer Connection	
		Water Service Connection	
		Stacks	
		Other	
		Other	

Date Received \_\_\_\_\_  
Control # \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Permit # \_\_\_\_\_

Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
State Permit Surcharge Fee	\$ _____
<b>TOTAL FEE</b>	<b>\$ _____</b>