



# APPLICATION FOR PLUMBING PERMIT

APPLICATION NO.: PR \_\_\_\_\_ (FOR OFFICE USE ONLY)

**PLEASE FILL OUT THE FOLLOWING INFORMATION**

JOB ADDRESS: \_\_\_\_\_ UNIT NO.: \_\_\_\_\_

CITY/LOCALITY: \_\_\_\_\_ CROSS - ST: \_\_\_\_\_ ASSESSOR INFORMATION NO.: \_\_\_\_\_-- \_\_\_\_\_-- \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_ (LAST NAME/BUSINESS NAME) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MI) OWNER/BUILDER: YES \_\_\_\_\_ NO \_\_\_\_\_  
(IF YES, COMPLETE OWNER/BUILDER DECLARATION)

ADDRESS: \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

TENANT: \_\_\_\_\_ (LAST NAME/BUSINESS NAME) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MI)

ADDRESS: \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

APPLICANT: \_\_\_\_\_ (LAST NAME/BUSINESS NAME) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MI)

ADDRESS: \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_ (LAST NAME/BUSINESS NAME) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MI) LIC. NO.: \_\_\_\_\_ CLASS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

ARCH/ENG: \_\_\_\_\_ (LAST NAME/BUSINESS NAME) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MI) LIC. NO.: \_\_\_\_\_ CLASS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

WORK DESCRIPTION: \_\_\_\_\_

**PLEASE FILL OUT THE REVERSE SIDE**

## PLUMBING FEES

### ITEMS

### UNITS

BACKWATER VALVES (DRAINAGE OR SEWER)	_____ Valves(s)
BACKFLOW PREVENTION DEVICE/SPRINKLER	_____ Device(s)
BATHTUBS/SHOWERS	_____ Fixture(s)
CAP OFF PLUMBING	_____ Each
CLOTHES WASHER (TRAY/STANDPIPE)	_____ Fixture(s)
DISHWASHERS	_____ Fixture(s)
DRAINAGE OR SEWER BACKWATER VALVE	_____ Fixture(s)
DRAINAGE VENT, WATER PIPING AND BACKFLOW PROTECTION	_____ Each
DRINKING FOUNTAIN	_____ Fixture(s)
FLOOR DRAINS	_____ Fixture(s)
FLOOR SINKS	_____ Fixture(s)
GREASE DRAIN	_____ Fixture(s)
GREASE TRAP	_____ Fixture(s)
INTERCEPTOR (CLARIFIER)	_____ Fixture(s)
LAVATORIES/SINKS	_____ Fixture(s)
MISCELLANEOUS FIXTURE	_____ Fixture(s)
PRESSURE REGULATOR – PRIVATE WATER	_____ Fixture(s)
PRETREATMENT INTERCEPTOR/VENT/GREASE INTERCEPTORS	_____ Fixture(s)
REPAIR/ALTER DRAINAGE/VENT PIPING – EXISTING	_____ Each
REPLACE WATER PIPING	_____ Fixture(s)
ROOF DRAINS	_____ Fixture(s)
SHOWER VALVE	_____ Fixture(s)
SINK (IN KITCHEN)	_____ Fixture(s)
SOLAR PORTABLE WATER HEATING SYSTEM, INCLUDING GAS HEATER AND VENT	_____ Each
SPECIAL INSPECTION	_____ Each
SPRINKLING SYSTEM	_____ Each
SWIMMING POOL DRAINAGE, TRAP AND RECEPTOR	_____ Each
SWIMMING POOL RECEPTOR	_____ Each
TRAP PRIMER	_____ Fixture(s)
WASTE INLET	_____ Inlet(s)
WATER CLOSET/TOILET/URINAL/BIDET	_____ Fixture(s)
WATER HEATER	_____ Fixture(s)
WATER TREATING EQUIPMENT (FILTER, SOFTENER)	_____ Fixture(s)
ADDITIONAL GAS CONNECTORS	_____ Each
CAP OFF GAS LINE	_____ Each
GAS METER	_____ Meter(s)
GAS PRESSURE REGULATOR	_____ Reg(s)
LOW PRESSURE GAS SYSTEM (5 OUTLETS OR LESS)	_____ System(s)
LOW PRESSURE GAS SYSTEM (OVER 5 OUTLETS)	_____ Outlet(s)
MEDIUM/HIGH PRESSURE GAS SYSTEM	_____ System(s)
MEDIUM/HIGH PRESSURE GAS SYSTEM (ADDITIONAL OUTLET)	_____ Outlet(s)

WATER SERVICE LINE 1-1 ½ " AND SMALLER	_____ Each
WATER SERVICE LINE 2-3"	_____ Each
WATER SERVICE LINE OVER 3"	_____ Each
FUTURE STACKS OR BRANCHES	_____ Inlet(s)

### ***FOR BUILDING AND SAFETY USE ONLY***

PERMIT ISSUANCE FEE	_____
PLAN CHECK FEE (PLUMBING CODE)	_____
ADDITIONAL PLAN CHECK (COMB WASTE AND VENT)	_____ System(s)
ADDITIONAL PLAN CHECK (EARTHQUAKE VALVE)	_____ Valve(s)
ADDITIONAL PLAN CHECK (CHEMICAL WASTE)	_____ System(s)
ADDITIONAL PLAN CHECK (RAINWATER SYSTEM)	_____ System(s)
PLAN CHECK COMB. WASTE & VENT ONLY	_____ Systems)
PLAN CHECK EARTHQUAKE VALVE ONLY	_____ Valve(s)
PLAN CHECK CHEMICAL WASTE ONLY	_____ System(s)
PLAN CHECK RAINWATER SYSTEM ONLY	_____ System(s)
PLAN CHECK ENERGY (GREYWATER SYSTEM ONLY)	_____ System(s)
SUPPLEMENTAL PLAN CHECK FEES	_____ Hour(s)
INVESTIGATION FEE (R-3 OCCUPANCY)	_____ Each
INVESTIGATION FEE (OTHER OCCUPANCY)	_____ Each
NONCOMPLIANCE (R-3 OCCUPANCY)	_____ Each
NONCOMPLIANCE FEE (OTHER OCCUPANCY)	_____ Each
BOARD OF APPEALS FEE	_____
ALTERNATE MATERIALS FEE	_____ Hour(s)