



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

03	BACKWATER VALVES	_____	Valve(s)
05	BACKFLOW PREVENTION DEVICE / SPRINKLER	_____	Device(s)
07	BATHTUBS / SHOWERS	_____	Fixture(s)
11	CLOTHES WASHER (TRAY / STANDPIPE)	_____	Fixture(s)
13	DISHWASHERS	_____	Fixture(s)
15	DRINKING FOUNTAIN	_____	Fixture(s)
17	FLOOR DRAINS	_____	Fixture(s)
19	FLOOR SINKS	_____	Fixture(s)
21	HOSE BIBBS	_____	Fixture(s)
23	INTERCEPTOR (CLARIFIER)	_____	System(s)
25	LAVATORIES / SINKS	_____	Fixture(s)
26	MISCELLANEOUS FIXTURE	_____	Fixture(s)
27	PRESSURE REGULATOR – PRV/WATER	_____	Device(s)
29	ROOF DRAINS	_____	Fixture(s)
35	SOLAR WATER HEATING SYSTEM	_____	System(s)
39	SWIMMING POOL TRAP AND RECEPTOR	_____	System(s)
41	TRAP PRIMER	_____	System(s)
45	WATER CLOSET / URINAL / BIDET	_____	Fixture(s)
47	WATER HEATER	_____	W.H.(s)
49	WATER TREATING EQUIPMENT (FILTER, SOFTENER)	_____	System(s)
51	LOW PRESSURE GAS SYS. (5 OUTLETS OR LESS)	_____	System(s)
52	FEE FOR ADDITIONAL OUTLETS >5	_____	Outlet(s)
53	MEDIUM/HIGH PRESSURE GAS SYSTEM	_____	System(s)
54	ADDITIONAL FEE FOR EACH OUTLET	_____	Outlet(s)
55	GAS METER (PRIVATE)	_____	Meter(s)
56	GAS REGULATOR	_____	Reg(s)
60	DRAINAGE / VENT PIPING REPAIR OR ALTER	_____	System(s)
62	GREYWATER SYSTEM	_____	System(s)
63	WATER PIPING REPLACEMENT BRANCH / FIXTURE	_____	Fixture(s)
64	OTHER WATER PIPING < 1 1/2 INCHES	_____	Line(s)
65	OTHER WATER PIPING 2-3 INCHES	_____	Line(s)
66	OTHER WATER PIPING > 3 INCHES	_____	Line(s)

FOR BUILDING AND SAFETY USE ONLY

01	PERMIT ISSUANCE FEE	_____	
0W	PLAN CHECK FEE (PLUMBING CODE)	_____	
82	ADDITIONAL PLAN CHECK (COMB WASTE & VENT)	_____	System(s)
83	ADDITIONAL PLAN CHECK (EARTHQUAKE VALVE)	_____	Valve(s)
84	ADDITIONAL PLAN CHECK (CHEMICAL WASTE)	_____	System(s)
85	ADDITIONAL PLAN CHECK (RAINWATER SYSTEM)	_____	System(s)
86	PLAN CHECK COMB. WASTE & VENT ONLY	_____	System(s)
87	PLAN CHECK EARTHQUAKE VALVE ONLY	_____	Valve(s)
88	PLAN CHECK CHEMICAL WASTE ONLY	_____	System(s)
89	PLAN CHECK RAINWATER SYSTEM ONLY	_____	System(s)
90	PLAN CHECK GREYWATER SYSTEM ONLY	_____	System(s)
91	SUPPLEMENTAL PLAN CHECK FEES	_____	Hour(s)
92	INVESTIGATION FEE (R-3 OCCUPANCY)	_____	Each
93	INVESTIGATION FEE (OTHER OCCUPANCY)	_____	Each
94	NONCOMPLIANCE (R-3 OCCUPANCY)	_____	Each
95	NONCOMPLIANCE (OTHER OCCUPANCY)	_____	Each
96	BOARD OF APPEALS FEE	_____	
97	ALTERNATE MATERIAL FEE	_____	Hour(s)

PROJECT INFORMATION

LARGEST COLD WATER PIPE	_____	Inches
BUILDING SEWER	_____	Inches
LARGEST GAS PIPE	_____	Inches