

VILLAGE OF SOUTHERN VIEW
Application for Plumbing Permit

Application Date: _____ Permit Number: _____

PLUMBING CONTRACTOR: _____

Project Manager: _____

Business Address: _____

City, State, Zip: _____

Phone #: _____ Email: _____

Licensed in Which City(s): _____

PROJECT ADDRESS: _____

PROPERTY OWNER OR GENERAL CONTRACTOR INFORMATION

Name: _____

Address: _____

City, State, Zip: _____

Project Manager: _____

Phone #: _____ Email: _____

TYPE OF PLUMBING WORK TO BE PERFORMED

CHECK ALL THAT APPLY

() New Building () Addition () Alteration () Repair () Demolition () Sprinkler System

() Other type of Work _____

PROJECT COST

Estimated Total Cost (Labor & Material): \$ _____

_____ Date: _____

Signature of Contractor or Agent

