



A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Work Site Location _____

Owner _____

Address _____

Telephone _____

Email _____

Contractor _____

Address _____

Telephone _____ Fax _____

Email _____

B. PLUMBING CHARACTERISTICS

Use Group _____ Present _____ Proposed _____

Building Sewer Size _____

Water Service Size _____

COST OF PLUMBING WORK \$ _____

D. TECHNICAL SITE DATA (List of All Fixtures)

No. 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

_____ Hot Water Boiler

_____ Sewer Pump

_____ Interceptor/Separator

_____ Backflow Preventer

_____ Greasetrap

_____ Sewer Connection

_____ Water Service Connection

_____ Stacks

_____ Other _____

_____ Other _____

_____ Other _____

FEE (OFFICE USE ONLY)

\$ _____

JOB SUMMARY (OFFICE USE ONLY)

PLAN REVIEW

☐ No Plans Required

Joint Plan Review Required:

☐ Building

☐ Plumbing

☐ Fire

☐ Plumb Plans Appr.

Date: _____

Approved By: _____

SUBCODE APPROVAL

☐ CO

☐ CCO

☐ CA

DATE: _____ APPROVED BY: _____

C. CERTIFICATION IN LIEU OF OATH

I HEREBY CERTIFY I AM THE (AGENT OF) OWNER OF RECORD AND AM AUTHORIZED TO MAKE THIS APPLICATION

SIGNATURE

PLAN REVIEW

\$ _____

ADMINISTRATIVE CHARGE

\$ _____

UCC INSPECTION

\$ _____

PA L&I

\$ _____

TOTAL

\$ _____