



PLUMBING PERMIT

PERMIT NUMBER: _____

DATE: _____

OWNER: _____

CONTRACTOR: _____

ADDRESS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

PHONE: _____

LOCATION: _____ PARCEL NUMBER: _____

BUILDER: _____

NUMBER OF FIXTURES: _____

NUMBER OF WATER HEATERS: _____

LICENSE NUMBER: _____

COST: _____

Permit Cost: _____

If repairing or altering, please describe work: _____

CALL BUILDING INSPECTOR 24 HOURS IN ADVANCE FOR **ALL** INSPECTIONS

DATE OF ISSUANCE: _____ SEALS: _____
(Applicant)

(Inspector)