

**APPLICATION FOR RESIDENTIAL PLUMBING SYSTEM PERMIT**

I. Township/Village/City \_\_\_\_\_

Number and Street \_\_\_\_\_

II. NAME ADDRESS TELEPHONE

|              |  |                |  |
|--------------|--|----------------|--|
| OWNER and/or |  | Street         |  |
| LESSEE       |  | City/State/Zip |  |
| CONTRACTOR   |  | Street         |  |
|              |  | City/State/Zip |  |

III. DESCRIPTION OF WORK:

How Occupied:     New Dwelling     One Family     Two Family     Three Family  
     Other \_\_\_\_\_

Water Supply From:     Public System     Private Well     Other

Sewer Connects To:  Public Sanitary Sewer     Private Septic Tank & On-Site Disposal System

Drainage Pipe Material:  PVC Plastic     ABS Plastic     Other

Size Main Drain:  4"     Other    Size Main Vent Stack:  3"     4"     Other

FIXTURE COUNTS:

| FIXTURE                       | COUNT | FIXTURE               | COUNT | FIXTURE                      | COUNT |
|-------------------------------|-------|-----------------------|-------|------------------------------|-------|
| Backflow Device               |       | Laundry Tub/Sink      |       | Water Closets                |       |
| Bar Sink                      |       | Lavatories            |       | Water Heater                 |       |
| Bath Tubs                     |       | Sanitary System       |       | Piping System Water          |       |
| Bath Tub/Whirlpool/Spa        |       | Service Sink          |       | Interior Gas Lines           |       |
| Bidet                         |       | Sewage Ejector        |       | Water Softener               |       |
| *Dishwasher                   |       | Shower (Separate)     |       | Other                        |       |
| Kitchen Sink                  |       | Storm Drain/Sump Pump |       | Other                        |       |
| Disposal                      |       | Urinals               |       | Other                        |       |
| Floor Drains                  |       | Washing Machine       |       | Other                        |       |
| Floor Sink                    |       |                       |       |                              |       |
| Hot Water Dispenser           |       |                       |       |                              |       |
| *Count as one if on same trap |       |                       |       | <b>TOTAL FIXTURE COUNT =</b> |       |

| IV. | CLASSIFICATION:   | FEES                                   | FEE TOTAL |
|-----|---|--|-----------|
|     | Processing Fee  | (\$100.00)                             | \$ _____  |
|     | Total Fixtures (Traps):                                     | _____ (times \$6.00 for each fixture)  | \$ _____  |
|     |   | number                                 |           |
|     | Plan Review   | 1 – 20 Fixtures \$40.00                | \$ _____  |
|     |   | 21-40 Fixtures \$60.00                 |           |
|     |   | 41-60 Fixtures \$80.00                 |           |
|     | Hot Water Heater Replacement or Backflow Assembly Installed | (\$30.00)                              | \$ _____  |
|     | Special Inspection  | (\$100.00)                             | \$ _____  |
|     | Replacement of Existing Fixtures:                           | _____ (times \$25.00 for each fixture) | \$ _____  |
|     |   | number                                 |           |
|     | Plus 1% Surcharge   |  | \$ _____  |
|     | <b>TOTAL FEE</b>  |  | \$ _____  |

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to all applicable laws of this jurisdiction.

SIGNATURE OF APPLICANT (Contractor or Home Owner)

APPLICATION DATE