



# PLUMBING SUBCODE TECHNICAL SECTION



Date Received  
Control #  
Date Issued  
Permit #

### A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block \_\_\_\_\_ Lot \_\_\_\_\_ Qualification Code \_\_\_\_\_  
Work Site Location \_\_\_\_\_

Owner in Fee: \_\_\_\_\_

Tel. \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_ street \_\_\_\_\_ municipality \_\_\_\_\_ e-mail \_\_\_\_\_ Tel. \_\_\_\_\_ zip code \_\_\_\_\_

Contractor: \_\_\_\_\_ e-mail \_\_\_\_\_

Contractor License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Home Improvement Contractor Registration No. or Exemption Reason \_\_\_\_\_ FAX: \_\_\_\_\_

Federal Emp. ID No. \_\_\_\_\_

**B. PLUMBING CHARACTERISTICS**

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_

Building Sewer Size \_\_\_\_\_ Public Sewer \_\_\_\_\_ Private Septic \_\_\_\_\_

Water Service Size \_\_\_\_\_ Public Water \_\_\_\_\_ Private Well \_\_\_\_\_

Est. Cost of Plumbing Work \$ \_\_\_\_\_

### JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)		
		Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/>	No Plans Required	Slab				
<input type="checkbox"/>	Partial - Under-slab Utilities Approved	Rough				
<input type="checkbox"/>	Plumbing Plans Approved	Water				
<input type="checkbox"/>	Approved by: _____	Sewer				
<input type="checkbox"/>	Joint Plan Review Required:	Fixtures				
<input type="checkbox"/>	Bldg. [ ] Elec. [ ] Fire. [ ] Elev.	Gas Equipment				
<input type="checkbox"/>	SUBCODE APPROVAL for PERMIT	Gas Piping				
<input type="checkbox"/>	Date: _____	LP Gas Tank				
<input type="checkbox"/>	Approved by: _____	Fuel Oil Piping				
<input type="checkbox"/>	SUBCODE APPROVAL for CERTIFICATE	Solar _____				
<input type="checkbox"/>	[ ] CO [ ] CCO [ ] CA	TCCO _____				
<input type="checkbox"/>	Date: _____	Final _____				
<input type="checkbox"/>	Approved by: _____					

### C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: \_\_\_\_\_

Print name here: \_\_\_\_\_

Licensed Plumbing Contractor  Exempt Applicant

### D. TECHNICAL SITE DATA

DESCRIPTION OF WORK	QTY.	FEE (Office Use Only)
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		
Gas Piping		
LP Gas Tank		
Steam Boiler		
Hot Water Boiler		
Sewer Pump		
Interceptor/Separator		
Backflow Preventer		
Greasetrap		
Sewer Connection		
Water Service Connection		
Stacks		
Other		

DESCRIPTION OF WORK	QTY.	FEE (Office Use Only)
Administrative Surcharge		\$ _____
Minimum Fee		\$ _____
State Permit Surcharge Fee		\$ _____
TOTAL FEE		\$ _____