



PLUMBING SUBCODE TECHNICAL SECTION



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)		
[] No Plans Required		Type:	Failure	Failure	Approval	Initial
[] Partial - Under-slab Utilities Approved		Slab				
Date: _____ Approved by: _____		Rough				
[] Plumbing Plans Approved		Water				
Date: _____ Approved by: _____		Sewer				
Joint Plan Review Required:		Fixtures				
[] Bldg. [] Elec. [] Fire. [] Elev.		Gas Equipment				
SUBCODE APPROVAL for PERMIT		Gas Piping				
Date: _____ Approved by: _____		LP Gas Tank				
SUBCODE APPROVAL for CERTIFICATE		Fuel Oil Piping				
[] CO [] CCO [] CA		Solar				
Date: _____		TCCO				
Approved by: _____		Final				

U.C.C. F-130 (rev. 11/09)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Date Received _____
Control # _____
Date Issued _____
Permit # _____

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.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
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			

Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
State Permit Surcharge Fee	\$ _____
TOTAL FEE	\$ _____