



APPLICATION FOR PLUMBING PERMIT

APPLICATION NO.: PL _____ LOC: BS _____

PLEASE FILL OUT THE FOLLOWING INFORMATION

JOB ADDRESS: _____

UNIT NO.: _____

CITY/LOCALITY: _____ CROSS ST: _____

ASSESSOR INFORMATION NO.: _____ - _____ - _____

TENANT: _____

(LAST NAME/BUSINESS NAME)

(FIRST)

(MI)

OWNER'S NAME: _____

(LAST NAME/BUSINESS NAME)

(FIRST)

(MI)

ADDRESS: _____

OWNER/BUILDER: YES__ NO__

PHONE: (___) _____ EXT: _____

APPLICANT: _____

(LAST NAME/BUSINESS NAME)

(FIRST)

(MI)

ADDRESS: _____

PHONE: (___) _____ EXT: _____

CONTRACTOR: _____

LIC. NO.: _____ CLASS: _____

(LAST NAME/BUSINESS NAME)

(FIRST)

(MI)

ADDRESS: _____

PHONE: (___) _____ EXT: _____

ARCH/ENG: _____

(LAST NAME/BUSINESS NAME)

(FIRST)

(MI)

LIC. NO.: _____ CLASS: _____

ADDRESS: _____

PHONE: (___) _____ EXT: _____

WORK DESCRIPTION: _____

PLUMBING FEES

ITEMS

03 BACKWATER VALVES	_____	Valve(s)
05 BACKFLOW PREVENTION DEVICE/SPRINKLER	_____	Device(s)
07 BATHTUBS / SHOWERS	_____	Fixture(s)
11 CLOTHESWASHER (TRAY/STANDPIPE)	_____	Fixture(s)
13 DISHWASHERS	_____	Fixture(s)
15 DRINKING FOUNTAIN	_____	Fixture(s)
17 FLOOR DRAINS	_____	Fixture(s)
19 FLOOR SINKS	_____	Fixture(s)
21 HOSE BIBBS	_____	Fixture(s)
23 INTERCEPTOR (CLARIFIER)	_____	System(s)
25 LAVATORIES / SINKS	_____	Fixture(s)
26 MISCELLANEOUS FIXTURE	_____	Fixture(s)
27 PRESSURE REGULATOR – PRV/WATER	_____	Device(s)
29 ROOF DRAINS	_____	Fixture(s)
35 SOLAR WATER HEATING SYSTEM	_____	System(s)
39 SWIMMING POOL TRAP AND RECEPTOR	_____	System(s)
41 TRAP PRIMER	_____	System(s)
45 WATER CLOSET/URINAL/BIDET	_____	Fixture(s)
47 WATER HEATER	_____	W.H.(s)
49 WATER TREATING EQUIP (FILTER, SOFTENER)	_____	System(s)
51 LOW PRESSURE GAS SYS (5 OUTLETS OR LESS)	_____	System(s)
52 FEE FOR ADDITIONAL OUTLETS > 5	_____	Outlet(s)
53 MEDIUM/HIGH PRESSURE GAS SYSTEM	_____	System(s)
54 ADDITIONAL FEE FOR EACH OUTLET	_____	Outlet(s)
55 GAS METER (PRIVATE)	_____	Meter(s)
56 GAS REGULATOR	_____	Reg(s)
60 DRAINAGE / VENT PIPING REPAIR OR ALTER	_____	System(s)
62 GREYWATER SYSTEM	_____	System(s)
63 WATER PIPING REPLACEMENT BRANCH/FIXTURE	_____	Fixture(s)
64 OTHER WATER PIPING < 1 ½ INCHES	_____	Line(s)
65 OTHER WATER PIPING 2 – 3 INCHES	_____	Line(s)
66 OTHER WATER PIPING > 3 INCHES	_____	Line(s)

FOR BUILDING AND SAFETY USE ONLY

01 PERMIT ISSUANCE FEE	_____	
0W PLAN CHECK FEE (PLUMBING CODE)	_____	
82 ADDITIONAL PLAN CHECK (COMB. WASTE & VENT)	_____	System(s)
83 ADDITIONAL PLAN CHECK (EARTHQUAKE VAVLE)	_____	Valve(s)
84 ADDITIONAL PLAN CHECK (CHEMICAL WASTE)	_____	System(s)
85 ADDITIONAL PLAN CHECK (RAINWATER SYSTEM)	_____	System(s)
86 PLAN CHECK COMB. WASTE & VENT ONLY	_____	System(s)
87 PLAN CHECK EARTHQUAKE VALVE ONLY	_____	Valve(s)
88 PLAN CHECK CHEMICAL WASTE ONLY	_____	System(s)
89 PLAN CHECK RAINWATER SYSTEM ONLY	_____	System(s)
90 PLAN CHECK GREYWATER SYSTEM ONLY	_____	System(s)
91 SUPPLEMENTAL PLAN CHECK FEES	_____	Hour(s)
92 INVESTIGATION FEE (R-3 OCCUPANCY)	_____	Each
93 INVESTIGATION FEE (OTHER OCCUPANCY)	_____	Each
94 NONCOMPLIANCE FEE (R-3 OCCUPANCY)	_____	Each
95 NONCOMPLIANCE FEE (OTHER OCCUPANCY)	_____	Each
96 BOARD OF APPEALS FEE	_____	Select
97 ALTERNATE MATERIAL FEE	_____	Hour(s)