



**PLUMBING  
SUBCODE  
TECHNICAL SECTION**



Date Received  
Date Issued  
Control #  
Permit #

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

Black \_\_\_\_\_ Lot \_\_\_\_\_

Work Site Location \_\_\_\_\_

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

Address \_\_\_\_\_

Tele. (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Contractor \_\_\_\_\_

Address \_\_\_\_\_

Tele. (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Lic. No. \_\_\_\_\_

Federal Emp. 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

No Plans Required

Joint Plan Review Required:

Building  Electric

Fire  Elevator

Plumbing Plans Approved

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

**INSPECTIONS**

Type: \_\_\_\_\_ Failure \_\_\_\_\_ Dates (Month/Day) \_\_\_\_\_ Approval \_\_\_\_\_ Initial \_\_\_\_\_

Slab \_\_\_\_\_

Rough \_\_\_\_\_

Water \_\_\_\_\_

Sewer \_\_\_\_\_

Fixtures \_\_\_\_\_

Gas Equipment \_\_\_\_\_

Gas Piping \_\_\_\_\_

Solar \_\_\_\_\_

TCO \_\_\_\_\_

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.

Signature — Contractor's Seal \_\_\_\_\_

Licensed Plumbing Contractor  Exempt Applicant

**D. TECHNICAL SITE DATA (List of all fixtures.)**

NO. \_\_\_\_\_

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 \_\_\_\_\_

Steam Boiler \_\_\_\_\_

Hot Water Boiler \_\_\_\_\_

Sewer Pump \_\_\_\_\_

Interceptor/Separator \_\_\_\_\_

Backflow Preventer \_\_\_\_\_

Greasetrapp \_\_\_\_\_

Sewer Connection \_\_\_\_\_

Water Service Connection \_\_\_\_\_

Stacks \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
DCA Training Fee	\$ _____
TOTAL FEE	\$ _____