## PLEASE CALL FOR FINAL INSPECTION

( ) Licensed Plumbing Contractor ( ) Exempt Applicant

## PLUMBING AND **HEATING PERMIT**

**Before You Dig Call Miss Utility** 1-800-282-8555

A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION.





## PLEASE ATTACH **PUBLIC WORKS FORM**

Subdivision			Lot No		
Owner					
Address					
Tele. ()					
Contractor					
Address					
Tele. ()					
Dover Business License No	)				
B. PLUMBING CHARACTE	ERISTICS				
Building Use:					
Building Sewer Size					
Nater Service Size					
Estimated Cost of Plumbing					
Latiniated Cook of Flambing	, 1101% ¥ <u></u>				
JOB SUMMARY (Office L	Jse Only)				
PLAN REVIEW:	INSPECTIONS:			Month/Day)	
( ) No Plans Required	Type:	Failure	Failure	Approval	Initial
	Slab				
( ) Blumb Blanc Approved	D				-
( ) Plumb. Plans Approved	Rough				
Date:	_ Water				
Date:	_ Water				
Approved by:  ( ) Health Department	_ Water _ Sewer				
Date: Approved by: ( ) Health Department Date:	_ Water _ Sewer Fixtures				
Date:	Water Sewer Fixtures Gas Equipment Gas Final				
Date:	Water Sewer Fixtures Gas Equipment Gas Final				
Date:	Water Sewer Fixtures Gas Equipment Gas Final				

D. TECHNICAL SITE DATA (List all fixtures	ŝ.
DATE ISSUED:	
DATE RECEIVED:	

NO.	FIXTURE/EQUIPMENT		FEE (Office Use Only)
	Water Closet		
	Urinal/Bidet		
	Bath Tub		
	Garbage Disposal		
	Shower		
	Sink		
	Dishwasher		
	Drinking Fountain		
	Washing Machine		
	Gas Piping, Interior	1	
Feet	Fuel Oil Piping		
	Water Heater		
	Sewer Pump		
	Grease Trap		
Feet	Sewer Connection		
Feet	Water Service Connection		
Feet	Gas Service Connection		
	Other		
	HVAC DATA		
	Type AC		
	Tons A/C		
	Type Heat		
	BTU Heat		·
	Fuel Supply		
	Type Chimney		
	Other		
			\$
Paid ( ) Check	·#	CASH	
- J			

Applicant's Copy to be posted in Front Window ASAP

1 White - Inspector Copy 2 Canary - Office Copy 3 Pink - Office Copy

Briet Description of Work (10 Be Com	neted by Applicant):	Building Pern Plumbing Per C/O Required	nit #: rmit #:	anning & ir	ispections	Starr
WORK SITE LOCATION	Address:					
	Parcel ID:					
Applicant (Owner or Contractor)						
Contact Person						
Mailing Address						
City, State, Zip						
Telephone						
Fax						
E-mail Address						
Does Your Project Propose			Yes	No	If Yes,	Describe
an increase or decrease to the quant	ity of plumbing fixtures	at the location?				
a change in size of the water line ser	ving the location?					
a new water irrigation system?						
a change in size of the sanitary sewe	r line serving the locatio	n?				
relocation of the water meter?						
relocation of the water line so appurtenances?	erving the location o	or any associated				
relocation of the sanitary sewer li appurtenances?	ne serving the location	or any associated				
any work within the right-of-way?						
any proposed sidewalk work?						
any proposed concrete work?						
any alteration to any storm drain inf	rastructure?					
any proposed curb alteration, i.e., ne	ew driveway to property	?				
any proposed scaffolding to renovat	e building exterior?					
any proposed tree or shrub planting	s within the right-of-way	·}				
an upgrade in sanitation service?						
a relocation of the existing trash pick	c-up location?					
EASEMENT*				Yes		No
Is there any existing easement on this property? (utility, drainage, cross access, etc.)						
*-It is prohibited to build any structure with		·				
I hereby certify that the information throughout the course of the project th	- <del>-</del>	_		uld any difj	ferences b	e identified
Printed Name of Applicant	Signature	of Applicant			Date	