



**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.

Block _____ Lot _____
Work Site Location _____
Owner in Fee _____
Address _____
Tele. (_____) _____
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		INSPECTIONS		Dates (Month/Day)			
[] No Plans Required		Type:	Failure	Failure	Approval	Initial	
Joint Plan Review Required:		Slab	_____	_____	_____	_____	_____
[] Building	[] Electric	Rough	_____	_____	_____	_____	_____
[] Fire	[] Elevator	Water	_____	_____	_____	_____	_____
[] Plumbing Plans Approved		Sewer	_____	_____	_____	_____	_____
Date: _____		Fixtures	_____	_____	_____	_____	_____
Approved by: _____		Gas Equipment	_____	_____	_____	_____	_____
SUBCODE APPROVAL		Gas Piping	_____	_____	_____	_____	_____
[] CO	[] CCO	Solar	_____	_____	_____	_____	_____
[] CA		TCO _____	_____	_____	_____	_____	_____
Date: _____			_____	_____	_____	_____	_____
Approved by: _____			_____	_____	_____	_____	_____

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	_____
_____	Greasetrap	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks	_____
_____	Other _____	_____
_____	Other _____	_____
_____	Other _____	_____

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

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