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

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO _____				

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

Administrative Surcharge $ _____

Minimum Fee $ _____

DCA Training Fee $ _____

TOTAL FEE $ _____