



**PLUMBING SUBCODE
TECHNICAL SECTION**



Date Received
Control #

Date Issued
Permit #

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

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee: _____

Tel. (_____) _____ e-mail _____

Address _____
street municipality zip code

Contractor: _____ Tel. (_____) _____

Address _____ e-mail _____

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: (_____) _____

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 \$ _____

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.

Applicant sign/Contractor sign and seal here: _____

Print name here: _____

[] Licensed Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	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	_____
_____	LPGas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks _____	_____
_____	Other _____	_____

JOB SUMMARY (Office Use Only)		DATES (Month/Day)			
PLAN REVIEW	INSPECTIONS	Failure	Failure	Approval	Initial
[] No Plans Required	Type:				
[] Partial -Underslab Utilities Approved	Slab	_____	_____	_____	_____
Date: _____ Approved by: _____	Rough	_____	_____	_____	_____
[] Plumbing Plans Approved	Water	_____	_____	_____	_____
Date: _____ Approved by: _____	Sewer	_____	_____	_____	_____
Joint Plan Review Required:	Fixtures	_____	_____	_____	_____
[] Bldg. [] Elec. [] Fire. [] Elev.	Gas Equipment	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT	Gas Piping	_____	_____	_____	_____
Date: _____	LPGas Tank	_____	_____	_____	_____
Approved by: _____	Fuel Oil Piping	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE	Solar	_____	_____	_____	_____
[] CO [] CCO [] CA	TCO _____	_____	_____	_____	_____
Date: _____	Final	_____	_____	_____	_____
Approved by: _____		_____	_____	_____	_____

U.C.C. F130(State)
(rev. 11/09)

1 White = Applicant Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Manila = Inspector Copy

Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
State Permit Surcharge Fee	\$ _____
TOTAL FEE	\$ _____