



# PLUMBING SUBCODE

## TECHNICAL SECTION



**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 \$ \_\_\_\_\_

### JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
			Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required	_____	_____	Slab	_____	_____	_____	_____
<input type="checkbox"/> All	_____	_____	Rough	_____	_____	_____	_____
<input type="checkbox"/> Plumbing Plans Approved	_____	_____	Water	_____	_____	_____	_____
Date: _____	Reviewed by: _____	_____	Sewer	_____	_____	_____	_____
Joint Plan Review Required:	_____	_____	Fixtures	_____	_____	_____	_____
<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Fire <input type="checkbox"/> Elev.	_____	_____	Gas Equipment	_____	_____	_____	_____
Date: _____	Reviewed by: _____	_____	Gas Piping	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT	_____	_____	LP Gas Tank	_____	_____	_____	_____
Date: _____	_____	_____	Fuel Oil Piping	_____	_____	_____	_____
Released by: _____	_____	_____	Solar	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE	_____	_____	TCO	_____	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA	_____	_____	Final	_____	_____	_____	_____
Date: _____	_____	_____		_____	_____	_____	_____
Released by: _____	_____	_____		_____	_____	_____	_____

Date Received

Control #

Date Issued

Permit #

### 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.

Applicant/Contractor

Sign here: \_\_\_\_\_

Print name here: \_\_\_\_\_

### D. TECHNICAL SITE DATA

Licensed Contractor

Exempt Applicant

### DESCRIPTION OF WORK:

#### QTY. FIXTURE/EQUIPMENT

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

LP Gas Tank

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Grease trap

Sewer Connection

Water Service Connection

Stacks

Other

#### FEE (Office Use Only)

\$ \_\_\_\_\_

Administrative Surcharge \$ \_\_\_\_\_

Minimum Fee \$ \_\_\_\_\_

State Permit Surcharge Fee \$ \_\_\_\_\_

TOTAL FEE \$ \_\_\_\_\_