



# Building Department Plumbing and Drainlaying Permit Application

*In accordance with the requirements of Title II of the Americans with Disabilities Act of 1990 "ADA", the application for building permit is also available in alternative format (e.g. large print, Braille) upon request.*

**IMPORTANT – PLEASE NOTE**  
WHEN INSTALLING ADDITIONAL BATHROOMS OR FIXTURE UNITS, CURRENT WATER SERVICE MAY NEED TO BE INCREASED.

Date: \_\_\_\_\_ Work being done for: \_\_\_\_\_

Telephone: \_\_\_\_\_ Address where work is to be done: \_\_\_\_\_

Master Plumber and/or Drainlayer: \_\_\_\_\_

Type of Work: (Check all that apply):     Fixtures: \_\_\_\_\_     Water Tap: \_\_\_\_\_

Drainlaying: \_\_\_\_\_     Backflow Preventer: \_\_\_\_\_     Water Tap/Sewer Destroy: \_\_\_\_\_

Water Service Repair: \_\_\_\_\_     Sewer Repair: \_\_\_\_\_     (# of feet of sewer from 3 ft. outside foundation wall to City Sewer)

Other: \_\_\_\_\_

**Estimated cost of work if project location is commercial: \$ \_\_\_\_\_**

**Excavation:** If excavation takes place in public Right-of-Way an Excavation Permit will need to be approved.     Public Street: \_\_\_\_\_     Private Street: \_\_\_\_\_

**I agree to do all of the above work in strict accordance with the City Ordinance and the International Plumbing Code 2021. I hereby certify that no roof water or surface water will be connected to the sanitary sewer at any point. I hereby certify that the water service for above project is sufficient. (The general rule is 3/4 inch=1.5 baths, 1 inch=3.5 baths, 1.25 inch=6 full baths)**

Plumbing Contractor: \_\_\_\_\_ Telephone Number:(\_\_\_\_)\_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

County Plumbing # P \_\_\_\_\_     County Drainlaying # D \_\_\_\_\_

County Water Htr. # W \_\_\_\_\_

-----**For Office Use Only**-----

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_