



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 2015. 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: _____
