

PLUMBING PERMIT APPLICATION

Fees Eff: July 2, 2009

PERMIT NO. _____

DATE ISSUED _____

CONTRACTOR _____

BUILDING

USE: _____

JOB LOCATION _____

ESTIMATED

VALUE \$ _____

PROPERTY OWNER/LESSEE _____

(materials & labor) ←
This job only

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SHOW HOW MANY OF EACH ITEM OR IDENTIFY ITMES ON LINES PROVIDED

- | | | | |
|---------------------------------------|---------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Water Closet | <input type="checkbox"/> Lavatory | <input type="checkbox"/> Tub | <input type="checkbox"/> 3-Comp Sink |
| <input type="checkbox"/> Shower | <input type="checkbox"/> Kitchen Sink | <input type="checkbox"/> W/Htr e/g | <input type="checkbox"/> Mop Sink |
| <input type="checkbox"/> Auto/Washer | <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Disposal | <input type="checkbox"/> Service Sink |
| <input type="checkbox"/> Hydrant | <input type="checkbox"/> Ice Maker | <input type="checkbox"/> Urinal | <input type="checkbox"/> Bar Sink |
| <input type="checkbox"/> D/Fountain | <input type="checkbox"/> Floor Drain | <input type="checkbox"/> Ldry Tub | <input type="checkbox"/> Hand Sink |
| <input type="checkbox"/> Water Cooler | <input type="checkbox"/> Roof Drain | <input type="checkbox"/> Grease Int | <input type="checkbox"/> Whirlpool |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> Water Piping |

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Charge is per fixture, includes floor drains, outlets & hose connections:

Total number of **FIXTURES** above _____ @ \$ 7.00 each = \$ _____

CROSS CONNECTION DEVICES (\$ 200 maximum) _____ @ \$10.00 each = \$ _____

New **PREFABRICATED** home 3rd party Inspection Seal _____ @ \$40.00 each = \$ _____

◆ **WATER SERVICE** Inspection _____ @ \$ 16.00 each = \$ _____

◆ **SEWER SERVICE** Inspection _____ @ \$ 16.00 each = \$ _____

◆ **PLUS BASE FEE** (indicate number units/floors)

Residential BASE FEE p/unit: _____ @ \$ 30.00 each = \$ _____

Nonresidential BASE FEE p/unit or floor: _____ @ \$ 40.00 each = \$ _____

FEE AMOUNT \$ _____

→ 2.00 % State Surcharge fee due on total fee amount \$ _____

→ **TOTAL FEE AMOUNT** \$ _____

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NEW WORK _____ **REPLACEMENT WORK** _____ **APPLICABLE CODE** _____ **CODE YEAR** _____

2 sets of plans required on Nonresidential NEW or RELOCATED items and approved before permit is issued --- No plans required on Residential

I hereby agree to comply with all provisions of Uniform Statewide Building Code, the Zoning Ordinance and other ordinances or policies as adopted by the City of Winchester, Virginia.

Signature of Applicant

Date

Telephone Number

Printed Name of Applicant