



MUNICIPALITY \_\_\_\_\_

# PLUMBING SUBCODE

## FILL OUT DASHED LINED SECTIONS



DATE RECEIVED \_\_\_\_\_

DATE ISSUED \_\_\_\_\_

PERMIT # \_\_\_\_\_

R/N  
R/O  
C/N  
C/O

**A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.**

Work Site Location \_\_\_\_\_  
\_\_\_\_\_

Owner \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Contractor \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**B. PLUMBING CHARACTERISTICS**

Use Group \_\_\_\_\_ Present \_\_\_\_\_ Proposed \_\_\_\_\_

Building Sewer Size \_\_\_\_\_

Water Service Size \_\_\_\_\_

COST OF PLUMBING WORK \$ \_\_\_\_\_

**D. TECHNICAL SITE DATA (List of All Fixtures)**

No.	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	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks	_____
_____	Other _____	_____
_____	Other _____	_____
_____	Other _____	_____

**JOB SUMMARY ( OFFICE USE ONLY )**

**PLAN REVIEW**

No Plans Required

**Joint Plan Review Required:**

Building  Plumbing

Fire

Plumb Plans Appr.

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

Approved By: \_\_\_\_\_

**SUBCODE APPROVAL**

CO  CCO  CA

DATE: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_

**C. CERTIFICATION IN LIEU OF OATH**

I HEREBY CERTIFY I AM THE ( AGENT OF ) OWNER OF RECORD AND AM AUTHORIZED TO MAKE THIS APPLICATION

\_\_\_\_\_  
SIGNATURE

<b>PLAN REVIEW</b>	\$ _____
<b>ADMINISTRATIVE CHARGE</b>	\$ _____
<b>UCC INSPECTION</b>	\$ _____
<b>PA L&amp;I</b>	\$ _____
<b>TOTAL</b>	\$ _____