



# PLUMBING SUBCODE TECHNICAL SECTION



Date Received  
Control #  
Date Issued  
Permit #

**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 \_\_\_\_\_  
Address \_\_\_\_\_

Tel ( \_\_\_\_\_ ) \_\_\_\_\_  
Contractor \_\_\_\_\_  
Address \_\_\_\_\_

Tel ( \_\_\_\_\_ ) \_\_\_\_\_ FAX ( \_\_\_\_\_ ) \_\_\_\_\_  
Contractor License No. \_\_\_\_\_  
Federal Emp. No. \_\_\_\_\_

## B. PLUMBING CHARACTERISTICS

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_  
Building Sewer Size \_\_\_\_\_ Public Sewer \_\_\_\_\_ Private Saptic \_\_\_\_\_  
Water Service Size \_\_\_\_\_ Public Water \_\_\_\_\_ Private Well \_\_\_\_\_  
Est. Cost of Plumbing Work \$ \_\_\_\_\_

## JOB SUMMARY (Office Use Only)

| PLAN REVIEW                                      |         | INSPECTIONS |          | Dates (Month/Day) |         |
|--|---------|-------------|----------|-------------------|---------|
| Type:  | Failure | Failure     | Approval | Approval          | Initial |
| <input type="checkbox"/> No Plans Required       | _____   | _____       | _____    | _____             | _____   |
| Joint Plan Review Required:                      | _____   | _____       | _____    | _____             | _____   |
| <input type="checkbox"/> Building [ ] Electric   | _____   | _____       | _____    | _____             | _____   |
| <input type="checkbox"/> Fire [ ] Elevator       | _____   | _____       | _____    | _____             | _____   |
| <input type="checkbox"/> Plumbing Plans Approved | _____   | _____       | _____    | _____             | _____   |
| Date: _____                                      | _____   | _____       | _____    | _____             | _____   |
| Approved by: _____                               | _____   | _____       | _____    | _____             | _____   |
| SUBCODE APPROVAL                                 |         |             |          |                   |         |
| <input type="checkbox"/> CO [ ] CCO [ ] CA       | _____   | _____       | _____    | _____             | _____   |
| Date: _____                                      | _____   | _____       | _____    | _____             | _____   |
| Approved by: _____                               | _____   | _____       | _____    | _____             | _____   |

## 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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature  
 Licensed Plumbing Contractor  Exempt Applicant

## D. TECHNICAL SITE DATA (List of all fixtures.)

NO. 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 \_\_\_\_\_
- LPGas Tank \_\_\_\_\_
- Steam Boiler \_\_\_\_\_
- Hot Water Boiler \_\_\_\_\_
- Sewer Pump \_\_\_\_\_
- Interceptor/Separator \_\_\_\_\_
- Backflow Preventer \_\_\_\_\_
- Greasetrap \_\_\_\_\_
- Sewer Connection \_\_\_\_\_
- Water Service Connection \_\_\_\_\_
- Stacks \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_

Administrative Surcharge \$ \_\_\_\_\_  
 Minimum Fee \$ \_\_\_\_\_  
 State Permit Surcharge Fee \$ \_\_\_\_\_  
**TOTAL FEE \$ \_\_\_\_\_**

FEE (Office Use Only)  
\$ \_\_\_\_\_