



PLUMBING PERMIT APPLICATION

JOB ADDRESS: _____ PERMIT # _____

Pursuant to F.S. 553.721 & F.S. 468.631, a surcharge fee will be collected on any permit regulated under the FBC

VALUE OF WORK \$ _____

NEW/REPLACEMENT FIXTURES

RE-PIPE

TYPE OF FIXTURE	Quantity
Bathtub	_____
Clothes Washer	_____
Dishwasher	_____
Drinking Fountain	_____
Floor Drain	_____
Floor Sink	_____
Hose Bibs	_____
Kitchen Sink	_____
Laundry Tray	_____
Lavatory	_____
Other Fixtures	_____
Shower	_____
Shower Pan	_____
Slop Sink	_____
Three Compartment Sink	_____
Toilet	_____
Urinal	_____
Vacuum Breakers	_____
Water Connected Appliances	_____
Water Heater	_____
Water Treating System	_____

TYPE OF FIXTURE	Quantity
Bathtub	_____
Clothes Washer	_____
Dishwasher	_____
Drinking Fountain	_____
Floor Drain	_____
Floor Sink	_____
Hose Bibs	_____
Kitchen Sink	_____
Laundry Tray	_____
Lavatory	_____
Other Fixtures	_____
Shower	_____
Shower Pan	_____
Slop Sink	_____
Three Compartment Sink	_____
Toilet	_____
Urinal	_____
Vacuum Breakers	_____
Water Connected Appliances	_____
Water Heater	_____

CROSS CONNECT FEE	
<input type="checkbox"/>	\$35-3 or more Fixtures
<input type="checkbox"/>	\$35-Lawn Sprinkler
<input type="checkbox"/>	Not Applicable

MISCELLANEOUS:

Sewer Replacement Back Flow Preventer Grease Interceptor (Trap) _____ gallons (**Requires 3 sets of plans**)

LAWN SPRINKLER SYSTEM: Number of Heads _____ OR Number of Drip System Zones _____

To be connected to: Existing Well New Well City Water

OTHER: _____

Permit becomes void if work is not done during six month period. I hereby certify that I have read this application and know the same to be true and correct. All provisions of laws and ordinances governing this work will be complied with whether specified or not. The permit does not give authority to violate the provisions of any other state or local law regulation construction or the performance of construction.

Tenant Name (if applicable) _____

Property Owners Name _____ Phone Number _____

Plumbing Co. Name _____ Office Phone _____ Fax _____

E-Mail Address _____

Co. Address _____ City _____ State _____ Zip _____

License Holder (Print): _____ State Certification/Registration # _____

Notarized Signature of License Holder _____

(Affix Notary Seal Below)

NOTARY PUBLIC, STATE OF FLORIDA, COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____ 20____

Notary Public Signature _____

Notary Name:

Personally Known /Identification: