



# 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

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### QTY

QTY 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 \_\_\_\_\_

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### CROSS CONNECT FEE

- \$35-3 or more Fixtures
- \$35-Lawn Sprinkler
- 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: \_\_\_\_\_