



P.O. Box 1230
Haymarket, VA 20168

PLUMBING PERMIT APPLICATION

DATE _____

BUILDING PERMIT # _____ PERMIT # _____

CONTRACTOR LICENSE # _____

LOCATION _____

OWNER _____

TYPE OF BUILDING _____ USED AS _____

ANTICIPATED COMPLETION DATE _____ ESTIMATED COST \$ _____

TYPE	NUMBER	FEE
STACKS		
SINKS		
BATHS		
WATER CLOSET		
LAVATORY		
TANK AND HEATER		
LAUNDRY TRAY		
WATER DISTRIBUTION SYSTEMS		
FLOOR DRAINS		
SEWAGE EJECTORS		
FOUNTAIN (DRINKING)		
SUMP		
SHOWERS		
URINAL		
CATCH BASIN		
DISHWASHING MACHINE		
HUMIDIFIER		
GARBAGE GRINDER		
RAINWATER LEADERS		
MISCELLANEOUS FIXTURES		

Ready for inspection Will call permit clerk at a later date TOTAL FEE \$ _____

Contractors Name and Address _____

City _____ State _____ Zip _____ Phone Number _____

APPLICANT CERTIFIES THAT ALL INFORMATION GIVEN IS CORRECT & THAT ALL PERTINENT TOWN ORDINANCES WILL BE COMPLIED WITH IN PERFORMING THE WORK FOR WHICH THE PERMIT IS ISSUED

Signature of Contractor or his representative making application _____ Signature of Permit Clerk _____