

# PLUMBING SUBCODE TECHNICAL SECTION

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

Black \_\_\_\_\_ Lot \_\_\_\_\_  
 Work Site Location \_\_\_\_\_  
 Owner in Fee \_\_\_\_\_  
 Address \_\_\_\_\_  
 Tele. (\_\_\_\_) \_\_\_\_\_  
 Contractor \_\_\_\_\_  
 Address \_\_\_\_\_  
 Tele. (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_  
 Lic. No. \_\_\_\_\_  
 Federal Emp. No. \_\_\_\_\_

**B. PLUMBING CHARACTERISTICS**

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

**JOB SUMMARY (Office Use Only)**

**PLAN REVIEW**

No Plans Required  
 Joint Plan Review Required:

Building  Electric  
 Fire  Elevator  
 Plumbing Plans Approved

Date: \_\_\_\_\_  
 Approved by: \_\_\_\_\_

**INSPECTIONS**

Type:	Failure	Dates (Month/Day)	Approval	Initial
Slab	_____	_____	_____	_____
Rough	_____	_____	_____	_____
Water	_____	_____	_____	_____
Sewer	_____	_____	_____	_____
Fixtures	_____	_____	_____	_____
Gas Equipment	_____	_____	_____	_____
Gas Piping	_____	_____	_____	_____
Solar	_____	_____	_____	_____
TCO	_____	_____	_____	_____

**SUBCODE APPROVAL**

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.

Signature — Contractor's Seal \_\_\_\_\_

Licensed Plumbing Contractor  Exempt Applicant



Date Received \_\_\_\_\_  
 Date Issued \_\_\_\_\_  
 Control # \_\_\_\_\_  
 Permit # \_\_\_\_\_

**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	_____
_____	Gas Piping	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks	_____
_____	Other	_____
_____	Other	_____
_____	Other	_____

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

1 White = Inspector Copy  
 2 Canary = Office Copy  
 3 Pink = Office Copy  
 4 Gold = Applicant Copy