

St. Mary's County

COMMERCIAL PLUMBING/GAS Inspection Application

Building Permit #: _____
 Inspection #: _____
 Date Issued: _____

Applicant Name: _____
 Phone Number: _____
 Email: _____

Address (where inspections will be performed. Subdivision, Lot #, Etc.)

FOR PLANCHER OFFICE USE ONLY

Inspection Fee: \$ _____

	Cash	_____
	Check #:	_____
	Invoice #:	_____

MASTER PLUMBER:
 License #: _____
 Name: _____
 Signature: _____

CIRCLE ALL THAT APPLY: New Alteration/Addition Apartment Replacement Pool

Scope of Work:

Fixture Type (Quantity):

	Sink		Heater		Tank & Heater		Urinal
	Tub		Laundry		Special Wastes		Other Plumbing/Gas Fixtures: _____ _____ _____
	Shower		Floor Drain		Dishwasher		
	Water Closet		Sump Pump		Garbage Disp.		
	Hose Bib		Special Wastes		Humidifier		

Total Fixtures: _____

Inspections Needed:

Underground	Rough-In
Gas Pressure Test	Final

Once your application is approved you will receive an inspection ID number (#). Please provide your # when contacting our office to schedule your inspections.