

Town of Indian Head
4195 Indian Head Hwy
Indian Head, MD 20640

Plumbing Permit #: _____

Building Permit #: _____

Date Issued: _____

PLUMBING/GAS PERMIT APPLICATION

Applicant Name: _____

Phone Number: _____

Email: _____

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

FOR PLANCHEK OFFICE USE ONLY

Permit Fee: \$ _____

<input type="checkbox"/>	Cash
<input type="checkbox"/>	Check #: _____
<input type="checkbox"/>	Invoice #: _____

MAKE CHECKS PAYABLE TO PLANCHEK INC.

MASTER PLUMBER:

License #: _____

Name: _____

Signature: _____

CIRCLE ALL THAT APPLY:

Alteration/Addition

Residential

Single Family Dwelling

Commercial

Townhouse

New

Replacement

Garage/Shed/Carport

Pool

Apartment

Scope of Work:

Fixture Type (Quantity):

<input type="checkbox"/> Sink	<input type="checkbox"/> Stacks	<input type="checkbox"/> Sump Pump	<input type="checkbox"/> Tank & Heater
<input type="checkbox"/> Tub	<input type="checkbox"/> Hose Bib	<input type="checkbox"/> Special Wastes	<input type="checkbox"/> Urinal
<input type="checkbox"/> Shower	<input type="checkbox"/> Heater	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Other Plumbing/Gas Fixtures:
<input type="checkbox"/> Water Closet	<input type="checkbox"/> Laundry	<input type="checkbox"/> Garbage Disp.	_____
<input type="checkbox"/> Catch Basin	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Humidifier	_____

Total Fixtures: _____

Inspections Needed:

<input type="checkbox"/> Underground	<input type="checkbox"/> Rough-In
<input type="checkbox"/> Gas Pressure Test	<input type="checkbox"/> Final