

PLANCHEK



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: \$ _____

Cash
 Check #: _____
 Invoice #: _____

MAKE CHECKS PAYABLE TO PLANCHEK INC.

MASTER PLUMBER:

License #: _____

Name: _____

Signature: _____

CIRCLE ALL THAT APPLY: Residential Commercial New Replacement Pool
 Alteration/Addition Single Family Dwelling Townhouse Garage/Shed/Carport Apartment

Scope of Work:

Fixture Type (Quantity):

<input type="checkbox"/> Sink	<input type="checkbox"/> Sewage Ejectors	<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	_____
	<input type="checkbox"/> Gas Appliances	<input type="checkbox"/> Tray or Washer	

Total Fixtures: _____

Inspections Needed:

Underground Rough-In
 Gas Pressure Test Final