



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received
Control #
Date Issued
Permit #

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO.: 1-800-272-1000.

Block _____ Lot _____ Qualification Code _____
 Work Site Location _____
 Owner in Fee: _____
 Tel. (____) _____ e-mail _____
 Address _____ street _____ municipality _____ Tel. (____) _____ zip code _____
 Contractor: _____ e-mail _____
 Address _____ e-mail _____

Contractor License No. _____ Exp. Date _____
 Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
 Federal Emp. ID No. _____ FAX: (____) _____

B. PLUMBING CHARACTERISTICS

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

| JOB SUMMARY (Office Use Only) | | INSPECTIONS | | Dates (Month/Day) | | |
|---|---|-----------------|---------|-------------------|----------|---------|
| PLAN REVIEW | | Type: | Failure | Failure | Approval | Initial |
| <input type="checkbox"/> | No Plans Required | Slab | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> | Partial - Under-slab Utilities Approved | Rough | _____ | _____ | _____ | _____ |
| Date: _____ | Approved by: _____ | Water | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> | Plumbing Plans Approved | Sewer | _____ | _____ | _____ | _____ |
| Date: _____ | Approved by: _____ | Fixtures | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> | Joint Plan Review Required | Gas Equipment | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> | Bldg. [] Elec. [] Fire [] Elev. | Gas Piping | _____ | _____ | _____ | _____ |
| SUBCODE APPROVAL for PERMIT | | LP Gas Tank | _____ | _____ | _____ | _____ |
| Date: _____ | Approved by: _____ | Fuel Oil Piping | _____ | _____ | _____ | _____ |
| SUBCODE APPROVAL for CERTIFICATE | | Solar | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> | CO [] COO [] CA [] | TCO | _____ | _____ | _____ | _____ |
| Date: _____ | Approved by: _____ | FINAL | _____ | _____ | _____ | _____ |

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and I am authorized to make this application, and perform the work listed on this application.

Applicant Sign / Contractor Sign AND Seal here: _____

Print name here: _____ [] Licensed Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

| DESCRIPTION OF WORK | 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 | _____ | _____ | \$ _____ |
| LP Gas Tank | _____ | _____ | \$ _____ |
| Steam Boiler | _____ | _____ | \$ _____ |
| Hot Water Boiler | _____ | _____ | \$ _____ |
| Sewer Pump | _____ | _____ | \$ _____ |
| Interceptor/Separator | _____ | _____ | \$ _____ |
| Backflow Preventer | _____ | _____ | \$ _____ |
| Graesetrapp | _____ | _____ | \$ _____ |
| Sewer Connection | _____ | _____ | \$ _____ |
| Water Service Connection | _____ | _____ | \$ _____ |
| Stacks | _____ | _____ | \$ _____ |
| Garbage Disposal | _____ | _____ | \$ _____ |
| Other | _____ | _____ | \$ _____ |

UCC/F-130 (rev. 11/09)
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 Administrative Surcharge \$ _____
 Minimum Fee \$ _____
 State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____