

Phone: (804) 520-9297
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PLUMBING PERMIT APPLICATION

APPLICATION DATE					PERMIT NO.											
ASSOCIATED BUILDING PERMIT #			JOB LOCATION			APT./SUITE #			ZIP CODE							
TAX MAP PARCEL #		SECTION		BLOCK		LOT		MAGESTRAL DISTRICT		WORK DONE BY (CHK) <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> OWNER	SUBDIVISION					
CONTRACTOR'S NAME					PHONE			CONTRACTOR'S LIC #								
PROPERTY OWNER NAME																
PROPERTY OWNER ADDRESS/CITY/STATE/ZIP							APT./SUITE #		PROPERTY OWNER PHONE #							
TENANT NAME							TENANT USE		ESTIMATED COST							
CONTACT EMAIL							CODE EDITION		PERMIT FEE							
WORK DESCRIPTION								STATE LEVY								
								TOTAL FEE		FEE PAID						
UTILITY APPL. #		CONNECTION TYPE		SQ FOOTAGE		OWNERS BUILDING OR CONSTRUCTING THEIR OWN HOME MUST COMPLETE THE FOLLOWING HOMEOWNER AFFIDAVIT. I, _____, of (address) _____ affirm that I am the owner of the tract or parcel of land indicated above and that I have applied for this plumbing permit. I affirm that I am familiar with the prerequisites of Section 54.1111 of the Code of Virginia and I am not subject to licensing as a contractor or subcontractor. Affient's Signature _____ Signed and acknowledged by _____ in the city or county of _____ Virginia, on the _____ of _____ 20____ in the presence of the undersigned witness. Witness _____										
SEWER LINE SIZE		WATER LINE SIZE		SEPTIC LINE SIZE												
# OF BATHROOMS		# OF WATER CLOSETS		# OF LAVATORIES							# OF HOT TUBS					
# OF SHOWERS		# OF WATER HEATERS		# OF SLOP SINKS							# OF BAR SINKS					
# OF WASHERS		# OF LAUNDRY TUBS		# OF SINKS							# OF DRAINS					
# OF URINALS		# OF DRINKING FOUNTAINS		# OF CONDENSATES		COMMENTS										
I hereby acknowledge that I have read this application and know that same to be true and agree to comply with all the city ordinances and state laws regulating building construction and use. _____ Signature of Master Agent							THIS SPACE FOR OFFICE USE ONLY									
												Date				
												Please Print Name				