

Bldg. Permit # _____

PLUMBING PERMIT APPLICATION

PLUMBING PERMIT # **P** _____



**Department of Planning & Community Development
Division of Building Construction Services
400 Granby Street Norfolk, Virginia (757) 664-6565**

Project Address _____ **Unit** _____ **Application Date** _____

Applicant: **Owner** **Contractor** **Agent** **Design Professional**

<input type="checkbox"/> Property Owner	<input type="checkbox"/> Tenant	Applicant's Name _____ Phone # _____
Name _____		Contractor's Name _____ Phone # _____
Address _____		Contractor State License # _____ Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
City/State/Zip _____		Contractor's Business Address _____
Phone # _____ Fax # _____		E-Mail Address _____
E-mail Address _____		Other contact information _____

Work to be performed on:

Type of work:

- Residential
- Commercial
- Multi-Fam.

- New Structure Repair/Alt
 - Addition Other
- Project Cost \$ _____

I agree to do the above work in conformity with the ordinances & regulations of the City of Norfolk and the Uniform Statewide Bldg. Code.

Print name _____ Signature _____ Date _____

Remarks _____

QUANTITY & TYPE FIXTURES

____ Water Closet	____ Laundry Tub	____ Washing Machine	____ Roof Drain	____ Bldg/Wtr Dst Pipe	____ Sewer Cap
____ Bath Tub	____ Service Sink	____ Dishwasher	____ Open Sight Drain	____ Gas Water Heater	____ Backflow Non-testable
____ Shower	____ Urinal	____ Garbage Disposal	____ Intercepting Trap	____ Elec Water Heater	____ Backflow Testable
____ Lavatory	____ Ice Maker	____ Drinking Fountain	____ Unlisted Fixture	____ Pool Heater	
____ Sink	____ Bar Sink	____ Floor Drain	____ Drainage/Waste/Vent/Bldg	____ Man Hole	____ # gas lines ____ # outlets
____ Water Service Line	____ Length	____ Size	____ Material		
____ Sanitary Sewer	____ Length	____ Size	____ Material	____ Cleanouts	____ Manholes
____ Storm Sewer	____ Length	____ Size	____ Material	____ Area Drains	____ Manholes

Office Use Only

Remarks _____

Approved by _____ Date _____

Admin Fee \$ _____ Permit Fee \$ _____

Cash _____ Check # _____

Cashier _____