



Plumbing Permit Application  
 Development Services Center  
 810 Union Street, 1<sup>st</sup> Floor, Norfolk, Virginia 23510  
 (757) 664-6565

**PLUMBING Permit #** \_\_\_\_\_

BLDG Permit # \_\_\_\_\_

**Location of Work** \_\_\_\_\_ **Unit/Lot** \_\_\_\_\_ **Application Date** \_\_\_\_\_

**Applicant:**  Owner  Contractor  Agent  Design Professional

<b>OR</b>	
<input type="checkbox"/> Property Owner	<input type="checkbox"/> Tenant
Name _____	
Address _____	
City/State/Zip _____	
Phone # _____	Fax# _____
E-Mail Address _____	
Contractor State License # _____ Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
Plumbing Co. _____	
Contact's Name _____	
Address _____ City/State/Zip _____	
Phone # _____	Fax # _____ Cell Phone # _____
E-Mail Address _____	

**Type of Property:**  Residential  Multi-Family  Commercial **Project Cost \$** \_\_\_\_\_  
**Type of Work:**  New Structure  Repair/Alteration

- QTY \_\_\_\_\_
- \_\_\_\_\_ Water Closet
  - \_\_\_\_\_ Bath Tub
  - \_\_\_\_\_ Shower
  - \_\_\_\_\_ Lavatory
  - \_\_\_\_\_ Sink
  - \_\_\_\_\_ Laundry Tub
  - \_\_\_\_\_ Service Sink
  - \_\_\_\_\_ Urinal
  - \_\_\_\_\_ Ice Maker
  - \_\_\_\_\_ Bar Sink
  - \_\_\_\_\_ Washing Machine
  - \_\_\_\_\_ Dishwasher
  - \_\_\_\_\_ Garbage Disposal

- QTY \_\_\_\_\_
- \_\_\_\_\_ Drinking Fountain
  - \_\_\_\_\_ Floor Drain
  - \_\_\_\_\_ Roof Drain
  - \_\_\_\_\_ Open Sight Drain
  - \_\_\_\_\_ Intercepting Trap
  - \_\_\_\_\_ Each Unlisted Fixture
  - \_\_\_\_\_ Drainage/Waste/Vent/Sys
  - \_\_\_\_\_ Bldg./ Wtr. Dst. Pipe
  - \_\_\_\_\_ Gas Water Heater
  - \_\_\_\_\_ Electric Water Heater
  - \_\_\_\_\_ Outlet - Medical
  - \_\_\_\_\_ Backflow Testable Dev
  - \_\_\_\_\_ Backflow Non Testable Dev

- QTY \_\_\_\_\_
- \_\_\_\_\_ **SEWER CAP**
  - \_\_\_\_\_ **SITE WORK**
  - \_\_\_\_\_ Sanitary Sewer Cleanout
  - \_\_\_\_\_ Man Hole
  - \_\_\_\_\_ Water Service Line \_\_\_\_\_ Feet
  - \_\_\_\_\_ Sanitary Sewer \_\_\_\_\_ Feet
  - \_\_\_\_\_ Storm Sewer \_\_\_\_\_ Feet

**REMARKS:** \_\_\_\_\_

**Office Use Only**

**I agree to work in conformity to the ordinances & regulations of the City of Norfolk & Virginia Uniform Statewide Building Code. VUSBC 20** \_\_\_\_\_  
**Print Name:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

Flood Zone: \_\_\_\_\_ Zoning App: \_\_\_\_\_  
 Approved by \_\_\_\_\_ Date \_\_\_\_\_  
 Permit Fee \$ \_\_\_\_\_ Admin Fee \$ \_\_\_\_\_ Tech. Fee \$ \_\_\_\_\_  
 Cash \_\_\_\_\_ Check # \_\_\_\_\_ Credit \_\_\_\_\_  
 Remarks \_\_\_\_\_



## Asbestos Inspection Exemption

I certify that the above building is exempt from the Asbestos Inspection, as required by the Commonwealth of Virginia for the following reason (check one):

- 1. Single family dwelling or residential housing with four (4) or fewer units not being renovated / demolished for commercial or public development.
- 2. The combined amount of regulated asbestos containing material involved is:
  - a) less than 260 linear feet of material on pipes, or
  - b) less than 160 square feet on other facility components, or
  - c) less than 35 cubic feet of facility components where the length or area cannot be measured.
- 3. Buildings for which an initial building permit was issued after January 1, 1985.

\_\_\_\_\_  
*Signature of Owner or Authorized Agent*

\_\_\_\_\_  
*Date*

**\*\*\*STOP HERE IF ANY EXEMPTION IS APPLICABLE\*\*\***

## Asbestos Certification

I, \_\_\_\_\_, certify that the affected portions of the building  
*(Building Owner or Agent)*

located at \_\_\_\_\_ has been inspected for the presence of asbestos and  
*(Building Address, Floor / Suite Number)*

complies with the Code of Virginia, S 36.99.7 and the Virginia Uniform Statewide Building Code, Section 110.3, and Section 108.1, Asbestos Survey Standards for Building to be renovated or demolished, as promulgated by the Virginia General Services Department, 'Clean Air Act' (NESHAP) and OSHA, 'Standards for Construction Workers'.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*