

**BUILDING PERMIT APPLICATION FORM**  
**PLUMBING**  
**(PLAN APPROVAL REQUIRED)**

CONTRACTOR NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

LICENSE # (COPY OF LICENSE REQUIRED): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

TYPE JOB: \_\_\_\_\_ RESIDENTIAL: \_\_\_\_\_ COMMERCIAL: \_\_\_\_\_

DIRECTIONS TO JOB FROM BOYDTON: \_\_\_\_\_ SUBDIVISION NAME: \_\_\_\_\_ LOT#: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HEALTH DEPT. PERMIT #: \_\_\_\_\_

COST OF JOB (ESTIMATED): \_\_\_\_\_

NAME OF PLUMBER: \_\_\_\_\_

LICENSE # (COPY OF LICENSE REQUIRED): \_\_\_\_\_

NO. BATHROOMS: \_\_\_\_\_ NO. PLBG. FIXTURES UPSTAIRS: \_\_\_\_\_

NO. BASEMENT PLBG. FIXTURES: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_ PHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ CHECK IN MAIL: \_\_\_\_\_ PICK UP & PAY: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_