Owner Last Name _____ First _____ Township _____

Address _____ City _____

Plumbing Contractor's Name _____

☐ Residential ☐ Commercial ☐ New Work ☐ Old Work

☐ Sanitary Sewer ☐ Septic System

★★★PERMIT VALID FOR ONE YEAR FROM DATE OF ISSUE★★★

ITEM	BST	1ST	2ND	3RD	TOTAL AMOUNT	ITEM	BST	1ST	2ND	3RD	TOTAL AMOUNT
Water Closet						Service Sink					
Urinal						Drinking Fountain					
Sink						Washing Machine					
Bath Tub						Dish-washer					
Shower						Garbage Disposal					
Lavatory						Grease Trap					
Floor Drain						Grease/Oil Interceptor					
Water Heater						Backflow					
Water Lines						Other					
Sanitary Pump						BASE FEE					
Storm Pump						FIXTURE FEE					
Stacks						PARTIAL					
Laundry Tray						GRAND TOTAL					
Air Admt. Valves											

I certify that all work will be done in accordance with state and local regulations.

Signature of Applicant _____ Date _____

Wayne County General Health District

PLUMBING PERMIT APPLICATION

Date: _____ Permit #: _____

Date	Partial F - A	Rough In F - A	Final Insp. F - A	Test Water - Air	Reinspect F - A

Signature of Inspector