

Wayne County General Health District
PLUMBING PERMIT APPLICATION

Owner Last Name _____ First _____ Political Sub. _____

Address _____ City _____

Date: _____ Permit #: _____

Plumbing Contractor's Name _____

- Residential Commercial New Work Old Work
 Sanitary Sewer Septic System

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

	TOTAL AMOUNT	ITEM	BST	1 ST	2 ND	3 RD	TOTAL AMOUNT
Toilet		Service Sink					
Urinal		Drinking Fountain					
Sink		Washing Machine					
Bath Tub		Dishwasher					
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 Admit Valves							

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

Signature of Inspector

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

Signature of Applicant _____ Date _____