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

Owner Last Name First Political Sub.

Address City

Plumbing Contractor's Name

☐ Residential ☐ Commercial ☐ New Work ☐ Old Work

☐ Sanitary Sewer ☐ Septic System

★★★ **PERMIT VAID FOR ONE YEAR FROM DATE OF ISSUE** ★★★

					TOTAL AMOUNT	ITEM	BST	1ST	2ND	3RD	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											

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

Signature of Applicant _____ **Date** _____