

Wayne County General Health District  
**PLUMBING PERMIT APPLICATION**

Owner Last Name \_\_\_\_\_ First \_\_\_\_\_ Political Sub. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Plumbing Contractor's Name \_\_\_\_\_

- Residential     Commercial     New Work     Old Work  
 Sanitary Sewer     Septic System

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

ITEM	BST	1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>	TOTAL AMOUNT	ITEM	BST	1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>	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						<b>BASE FEE</b>					
Storm Pump						<b>FIXTURE FEE</b>					
Stacks						<b>PARTIAL</b>					
Laundry Tray						<b>GRAND TOTAL</b>					
Air Admit Valves											

Date: \_\_\_\_\_ Permit #: \_\_\_\_\_

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 \_\_\_\_\_