

Owner Last Name

First Name

Political Sub.

Address

City

Plumbing Contractor

- Residential
 Commercial
 New Work
 Old Work
 Sanitary Sewer
 Septic System

PERMIT VALID FOR ONE YEAR FROM DATE OF ISSUE

ITEM	BST	1 ST	2 ND	3 RD	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						PLAN REVIEW FEE (COMMERCIAL)					
Storm Pump						BASE FEE					
Stacks						FIXTURE FEE					
Laundry Tray						PARTIAL					
						GRAND TOTAL					

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

Signature of Applicant _____ Date _____



Public Health

Wayne County Health Department

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 _____