

TOWN OF PROSPECT
APPLICATION FOR PLUMBING PERMIT

PERMIT NUMBER _____

DATE _____

PROPERTY LOCATION _____

BUILDING TYPE _____

OWNER INFORMATION

CONTRACTOR INFORMATION

NAME: _____

NAME: _____

ADDRESS: _____

LICENSE: _____

CITY: _____

ADDRESS: _____

STATE: _____

CITY: _____ STATE: _____

ZIP: _____

ZIP: _____

PHONE: _____

PHONE: _____

KIND OF INSTALLATION: _____

CONNECTED TO SEPTIC: _____ SEWER SYSTEM: _____

LIST OF PROPOSED FIXTURES

WATER CLOSETS: _____ URINALS: _____ SERVICE SINKS: _____

LAVATORIES: _____ KITCHEN SINKS: _____ DRINKING FOUNTAINS: _____

BATH TUBS: _____ DISHWASHERS: _____ TANKLESS HEATERS: _____

SHOWER STALLS: _____ WASHING MACHINES: _____ WATER HEATERS: _____

BIDETS: _____ LAUNDRY TRAYS: _____ FLOOR DRAINS: _____

ESTIMATED COST: _____

PERMIT FEE: _____

STATE FEE: _____

SIGNATURE: _____