

PERMIT #

INGLESIDE ON THE BAY
PLUMBING PERMIT

JOB ADDRESS _____

BLOCK NUMBER _____ LOT NUMBER(S) _____ FLOOD ZONE YES NO

OWNER _____ MAILING ADDRESS _____

PHONE _____ EMAIL _____

CONTRACTOR _____ MAILING ADDRESS _____

PHONE _____ EMAIL _____

CLASS OF WORK: () NEW () ADDITION () ALTERATION () REPAIR () MOVE () REMOVE

DESCRIBE WORK: _____

TOTAL SQUARE FEET _____

SPECIAL CONDITIONS: _____

VALUATION OF WORK \$ _____

NOTICE

CONSTRUCTION MUST MEET ALL **FEMA, WINDSTORM & INTERNATIONAL RESIDENTIAL CODES REQUIREMENTS**

SEPARATE PERMITS ARE REQUIRED FOR BUILDING, ELECTRICAL, HEATING, VENTILATING OR AIR COND. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER IT IS COMMENCED; OR IF UNAUTHORIZED VARIATIONS FROM THE APPROVED CONSTRUCTION PLANS ARE MADE.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER FEDERAL, STATE OR LOCAL LAWS REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

Type of Fixture or Item

number

____ WATER CLOSET (TOILET)
____ BATHTUB
____ WASH BASIN
____ SHOWER
____ KITCHEN SINK & DISP
____ DISHWASHER
____ CLOTHES WASHER
____ WATER HEATER
____ FLOOR SINK OR DRAIN
____ GAS SYSTEM
____ SEWER
____ LAWN SPRINKLER SYSTEM

APPROVED BY: _____

SIGNATURE OF OWNER OR CONTRACTOR /AUTHORIZED AGENT _____

DATE: _____

*****OFFICE USE ONLY*****

FEE TOTAL CHECK # CASH: ONLINE TRANSACTION: