PLUMBING PERMIT APPLICATION

PLUMBING PERMIT APPLICATION				OFFICE USE ONLY					
PLOWIBING PERWIT APPLICATION					PERMIT #:				
City of Elkhart, Indiana				ALT PARCEL #:					
229 S. 2nd Street, Elkhart, IN 46516				DATE ISSUED:					
(574)294-5471				ACCEPTED BY:					
	(374)23	7 5-77		ACCE		nnroval St	amp or Clearar	nce #:	
					ZOTHING A	pprovarst	amp or clearar	ice #	
	Plumbing Inspec (574)294-547	•							
				Flo	ood Zone				
		JO	B/OWNER	INFOR	MATION				
Job Addres:	s:								
Property Owner:						Phone #:			
Present Use: □Commercial □Residential (#of units)					Proposed Use: Commercial Residential (#of units)				
		CO	NTRACTOR	INFO	RMATION				
Licensee: Phone #:									
Company:									
Authorized	User:			Auth	orized User Ema	nil:			
			DESCRIPTION	ON OF	WORK				
Water	Bidet	Bath Tub	Shower		Hot Tub	Lavato	ory	Pool	
Closet Sink	Urinal	Laundry	Stall Dishwash	er	Disposal	Wate	r	Boiler	
Water	Drinking	Tub Open Site	Floor Drain		Water Pump	Heate Wash		Service	
Softener	Fountain	Drain			· ·	Machine		Connection	
Sewage Ejector	Sump Pump	Interceptor	Backflow Preventer		Fuel Gas Outlets	house drain or buildin		nnection into an existing g sewer	
		FFF SCI	HEDIUE (\$4	10 00 N	linimum Fee)				
Eirct Eivturo	or Ono Single Fixture				•	0.00	\$		
First Fixture or One Single Fixture							\$		
	ning Pool \$60				Pool \$ 40. 0				
							\$		
Water Softener Installation (in addition to other fixtures)							\$		
Each Additional Connection to a Private Sewer									
	ee \$200.00				ent Fee		\$		
	ng: 1-20 outlets		utlets \$65		& over outlets .				

I acknowledge that it is my responsibility as the holder of this permit to request all inspections, further, I agree that all work, materials and construction shall be in accordance with all codes and ordinances adopted by the State of Indiana and the City of Elkhart. I hereby certify that all information that I have given herein is true and complete to the best of my knowledge and belief and that any false statement will be cause for voiding this application and permit.

Total Fee:

\$

Licensee Signature Date