

UNIFORM PLUMBING PERMIT APPLICATION

PERMIT NO. _____

TAX KEY # _____

ISSUING MUNICIPALITY

TOWN VILLAGE CITY
 COUNTY

PROJECT LOCATION
(BUILDING ADDRESS)

OF **VILLAGE OF SURING**

PROJECT DESCRIPTION

COMMERCIAL ONE & TWO FAMILY

Owner's Name _____ Mailing Address - Include City & Zip _____ Telephone, Include Area Code _____

Contractor's Name (Lic. No.) _____ Mailing Address - Include City & Zip _____ Telephone, Include Area Code _____

Estimated Cost _____ Bonding/Insurance Company _____ Master Plumber's License Number _____

SCHEDULE OF INSPECTION FEES

EACH COUNT FEE

NEW BUILDING

\$35.00
\$.03/Sq. Ft.
For All Areas

_____ Sq. Ft.

Commercial Buildings with less than 10 fixtures...Base fee Plus line items below
SQUARE FOOTAGE FEE DOES NOT INCLUDE MATERIALS. All laterals must be listed below.

REPLACEMENT, MODIFICATIONS AND MISC. ITEMS

AS PART OF
REMODELING
OR NEW
CONSTRUCTION
ONLY

	EACH	COUNT	FEE
1. Automatic Washer	5.00	_____	_____
2. Sink	5.00	_____	_____
3. Dishwasher	5.00	_____	_____
4. Garbage Grinder	5.00	_____	_____
5. Water Closet	5.00	_____	_____
6. Shower	5.00	_____	_____
7. Lavatory	5.00	_____	_____
8. Laundry Tray	5.00	_____	_____
9. Urinal	5.00	_____	_____
10. Bath Tub	5.00	_____	_____
11. Hot Tub, Spa, Whirlpool	10.00	_____	_____
12. High Pressure Boiler	25.00	_____	_____
13. Drinking Fountain	5.00	_____	_____
14. Floor Drain	5.00	_____	_____
15. Sight Drain	5.00	_____	_____
16. Silcock	2.00	_____	_____
17. Water Heater	5.00	_____	_____
18. Wash Fountain	5.00	_____	_____
19. Sump Pump	5.00	_____	_____
20. Ejectors or Pump	5.00	_____	_____
21. Water Softener	5.00	_____	_____
22. Storm Sewer Conductor	5.00	_____	_____
23. Backflow Prevention Device	5.00	_____	_____
24. Storm Building Sewer			
First 100 ft. Lateral	25.00	_____	_____
Over 100 ft. Lateral	.35/ft	_____	_____

Minimum Permit Fee \$25.00 each
Reinspect Fee \$50.00
Failure to call for inspection \$50.00
DOUBLE FEES ARE DUE IF WORK STARTED BEFORE PERMIT IS ISSUED.

The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, express or implied of the Department, Municipality, Agency or inspector; and certifies that all the above information is accurate.

SIGNATURE OF APPLICANT _____ **DATE** _____

FEES:	RECEIPT:	PERMIT EXPIRATION:	PERMIT ISSUED BY MUNICIPAL AGENT:
Plan Review Fee _____	CK# _____	Permit expires two years from date issued unless otherwise noted below:	CONDITIONS OF APPROVAL This permit is issued pursuant to the attached conditions. Name _____ Date _____ Certification No. _____
Inspection Fee _____	Date _____		
Administration Fee _____	From _____		
Other _____	_____		
Total _____	Rec By _____		