

PLUMBING PERMIT APPLICATION

| Date: | Call Back #: | | Fax Back #: | | |
|--|---|--|--|--|---|
| Trust Acct #: | | Plum | bing Permit#:TBP _ | | |
| ☐ SHELL PERMIT | Buile | Building Permit #: TBB | | | |
| Application is herewith made for a plur to perform such work in accordance with NOTICE TO PLUMBING CONTRAC | th the requirements of the F | lorida Building Cod | 2. | | |
| PERMIT WILL REQUIRE A NOTI | | | | Noocintied | WITH A BEDG |
| Plumbing Contr.: | License #: | | | | |
| Job Address: | | UNIT # | Cost of Plum | bing: \$ | |
| Owner: | | | Parcel ID#: | | |
| A. TYPE OF IMPROVEMENT | C. CLASS OF BUILD | | Proposed Use) | | |
| 01 NEW BUILDING 02 ADDITION 03 ALTERATION / REPAIR 09 FOUNDATION ONLY 10 SWIMMING POOL | 01 ONE FAMILY 02 TWO FAMILY 03 TRIPLEX 04 QUADRIPLEX 05 MULTI FAMILY 06 ROOMING HOUSE 07 HOTEL, MOTEL 08 DORMITORY 12 SINGLE FAMILY ATTA 35 MOBILE HOME | 13 SU 15 BU 16 AN 17 CF 18 IN 18 IN 19 PA 19 Units 19 PA 19 Units 20 SE 10 ACHED 21 HO | REHOUSE BDIVISION ISINESS MUSEMENT, RECREATIC IURCH, OTHER RELIGIO DUSTRIAL RKING GARAGE RV. STATION, REP GARA SPITAL, INSTITUTIONA FICE, PROFESSIONAL | 25 S 26 S 20 S 20 S 20 US 30 M 32 C 37 F AGE | PUBLIC UTILITY CHOOL, LIBRARY, EDUCATION STORES, MERCANTILE DAY CARE MULTI – USE COMM ACCESSORY STRUCTURE RESTAURANTS OTHER SPECIFY |
| No. of Backflow New Sew Fixtures Preventer Installation | | Solar Pric | * * | Total <u>Fee Due</u> | Description |
| ++ | +X \$ 8.57 | + X \$ 3 | 31.00 + \$ 54.00 = | | New/Add 1 & 2 Family |
| ++ | +X \$ 8.03 | + X \$ 3 | 31.00 + \$ 54.00 = | | Alteration 1 & 2 Family |
| ++ | +X \$ 4.55 | + X \$ 3 | 31.00 + \$ 127.00 = | | New/Add Multi Family |
| ++ | +X \$17.41 | + X \$ 3 | 31.00 + \$ 127.00 = | | New/Add Commercial |
| ++ | +X \$13.39 | + X \$ 3 | 31.00 + \$ 127.00 = | | Alteration Multi Family & Commercial |
| + | | + X \$ 3 | 31.00 + \$127.00 = | | |
| backflow for pool is \$17.41 each | l | X \$ 3 | 32.00 + \$ 54.00 = | | Water Service Inspection |
| | | X \$ 3 | 32.00 + \$ 54.00 = | | Sewer Service Inspection |
| | | X \$ | 32.00 + \$ 54.00 = | <u> </u> | Sewer Replacement |
| | | X \$ 31.00 (pe | $(x^2 + x^2) + (x^2 + x^2) = 0$ | | Solar Water Heating (STAND ALONE PERMIT) |
| SOLAR SYSTEM BEING INSTA | _ | | | \$ 2.50 | Training Surcharge |
| □ POTABLE or □ ROOF MOUNT or □ | | | | | _ State Surcharges |
| Rooming House, Hotel/Motel & Dormitory bldgs. can be charged as multi-family | | | | | _ TOTAL FEES |
| Applicant Signature: | | | PLEASE CAL | | FOR INSPECTIONS FOR SEWER INSP. |

Growth Management Department | Building Inspection Division | Phone: (850)891-7001, option 2 | Fax: (850)891-0948 Location: 435 N. Macomb Street, Tallahassee, FL 32301 | Mailing: 300 S. Adams Street B-28, Tallahassee, FL 32301