

PLUMBING SUPPLEMENTAL APPLICATION

	WATER CLOSET		
	BATH TUB		
	SHOWER		
	LAVATORY		
	SINK		
	SLOP SINK		
	GARBAGE GRINDER		
	DISH WASHER		
	LAUNDRY TUB		
	FLOOR DRAIN		
	DRINKING FOUNTAIN		
	AUTO WASHER		
	WATER HEATER		
	WATER SOFTENER		
	HOSE BIBB		
	GREASE TRAP		
	SEWER CONNECTION		
	CATCH BASIN		
	ROOF DRAIN		
	FIRE SPRINKLER		
	FIRE HOSE CABINET		
	SPECIAL FIXTURE		
	URINAL		
	VALUATION		

Building Permit Tech.	
Fire Rescue	
Planning Division	
Plans Examiner	
Permit Issuance	

OFFICE USE

APPROVALS	Subdivision _____	Zoning District _____
	Plat Book _____ Page _____	Petition # _____
	Project # _____	Special Exception Rezoning Variance
	Future Land Use _____	Used Dwelling Temporary Use Other
	Zoning _____	SPMH # _____
	Inspection Area _____	Minimum Setbacks
	Parcel Comments _____	Front Left Right Rear
JUR SEC TWP RNG SUB BLOCK LOT _____		Proposed Setbacks Front Left Right Rear
		Official Address _____

BUILDING CHARACTERISTICS	Flood Zone _____	Type of Sewage Disposal <input type="checkbox"/> Public/Private Utility <input type="checkbox"/> Private Septic Tank Septic Tank No. _____	Type of Water Supply <input type="checkbox"/> Public/Private Utility <input type="checkbox"/> Private Well	
	Base Flood Elevation On File _____			
BUILDING CHARACTERISTICS	Occupancy Type Group _____ # Units _____ Dimensions Number of Stories _____ Height _____ Area _____	Mixed Occupancy Separation Req. _____ Principle Type Group _____ Accessory Type Group _____	Construction Type Type _____ Protected <input type="checkbox"/> <input type="checkbox"/> Unprotected <input type="checkbox"/> <input type="checkbox"/> Sprinkler <input type="checkbox"/> <input type="checkbox"/>	Area Modification <input type="checkbox"/> Yes <input type="checkbox"/> No

PERMITS ISSUED FOR	Prefix	Type Code	Action Code	<input type="checkbox"/> Description Code _____	Transaction # _____
	<input type="checkbox"/> Building Residential <input type="checkbox"/> Building Commercial <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Concrete <input type="checkbox"/> Temporary	<input type="checkbox"/> Primary <input type="checkbox"/> Sub <input type="checkbox"/> Sign Tag # _____ <input type="checkbox"/> Reference # _____	<input type="checkbox"/> Construct <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Demolition <input type="checkbox"/> Relocation <input type="checkbox"/> Manufactured <input type="checkbox"/> Installation	<input type="checkbox"/> Multiple Permit Application <input type="checkbox"/> Electrical <input type="checkbox"/> HVAC <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> Roofing <input type="checkbox"/> Excavation/Site Work <input type="checkbox"/> N. A.	

SUPPLEMENTAL PERMIT REQUIREMENTS	TYPE	REQ	AUTH Y N	DWG REQ	REV REQ	FEE REQ	PLAN REV FEE	NOC
	#							
	ELECTRICAL							
	HVAC							
	PLUMBING							
	ROOFING							
	ALARM SYSTEM							
	FIRE SPRINKLER							
	FIRE SUPPRESSION							
	FUEL LINES							
	FUEL TANK							
	GAS							
	HVAC/DUCT							
HVAC/HOOD								
LOW VOLTAGE								

ZONING APPROVAL:	BUILDING APPROVAL:
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