



# Town of Plymouth

## PLUMBING PERMIT

Application #:

Permit #:

Application Date:

Issue Date:

OWNER INFORMATION	PLUMBER INFORMATION
Name:	Name:
Address:	Address:
Phone #	Phone #
	Lic. No.:
	Type:
SITE INFORMATION	JOB DESCRIPTION
Location:	<input type="checkbox"/> New Plumbing
Street:	<input type="checkbox"/> Relocated Plumbing
Building Type:	<input type="checkbox"/> Public Sewer
Building Use:	<input type="checkbox"/> Subsurface System
Est. Cost:	<input type="checkbox"/> Piping Relocation
	<input type="checkbox"/> Transfer

FIXTURES		
Stacks:	Fountain:	Rainwater Leader:
Sinks:	Sump:	Misc. Fixtures:
Baths:	Showers:	Hosebib / Sillcock:
Water Closets:	Urinal:	Indirect Waste:
Lavatories:	Catch Basin:	Water Treatment:
Tank and Heater:	Dishwashing Mach.:	Grease/Oil Sep.:
Laundry Tray:	Humidifier:	Dental Cuspidor:
Water Dist System:	Garbage Grinder:	Bidet:
Floor Drains:	Washing Machine:	Wash Basin:
Sewage Ejector:	Special Wastes:	Water Heater:

THE FOLLOWING CONDITIONS ARE A PART OF THIS PERMIT:

APPLICANT CERTIFIES THAT ALL INFORMATION GIVEN IS CORRECT AND THAT ALL PERTINENT STATE AND LOCAL ORDINANCES WILL BE COMPLIED WITH IN PERFORMING THE WORK FOR WHICH THIS PERMIT IS ISSUED.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Building Official

Fee \$ \_\_\_\_\_ Payment \_\_\_\_\_ Check Number \_\_\_\_\_