



# PLANNING DEPARTMENT

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## PLUMBING PERMIT APPLICATION

Permit No. \_\_\_\_\_

<b>Job Address</b>	MCAD Property ID NO.
Legal Description: Lot #, Block #, & Subdivision Name	

<b>Owner Name:</b>
Mail Address:
Phone:

<b>Master Plumber DBA:</b>
Mail Address:
Phone:
Email:

<b>Category of Construction</b>
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial

<b>Class of Work</b>
<input type="checkbox"/> Addition <input type="checkbox"/> Relocate <input type="checkbox"/> Repair <input type="checkbox"/> New

<b>Description of work:</b>

NATURE OF WORK	EACH	QTY	TOTAL
Residential Inspection	\$50.00		
Commercial Inspection	\$70.00		
Additional Requested Inspection	\$25.00		
<b>SUBTOTAL</b>			

### NOTICE

Any owner, authorized agent or contractor who desires to construct, enlarge, alter, repair move, demolish or change the occupancy of a building or structure, or to erect, install, enlarge, alter, repair, remove, convert or replace any plumbing system, the installation of which is regulated by this code or to cause any such work to be done, shall first make application to the code official and obtain the required permit for the work.


All persons who obtain a permit regulated by this code shall possess a responsible master plumbing license in accordance with the provisions of the Texas Occupations Code Chapter 1301.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

\_\_\_\_\_  
Signature of Responsible Master Plumber

\_\_\_\_\_  
Date

Re-Inspection Fee, for each re-inspection:	
1s Re-Inspection	\$25.00
2nd Re-Inspection	\$50.00
3rd Re-Inspection	\$75.00

Office Use Only	
	Date Application Received: _____ By: _____
Plumbing Layout: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Date Supplemental Documents Submitted (when applicable): _____	Received By: _____
Address Validation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	By: _____
Legal Lot Validation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	By: _____