PLUMBING PERMIT APPLICATION

City of Vinton, Iowa

Applicant to complete numbered spaces only. JOB ADDRESS

PLAN CHECK VALIDATION

CK.

M.O.

LOTAG	DLV	TRACT					
LEGAL LOT NO. 1 DESCR.	BLK.						
OWNER		MAILING ADDRESS		ZIP	PHONE		
2		W III II O ABBALOG			1110112		
CONTRACTOR MAILING ADDRESS				PHONE	LICENSE NO.		
3							
ARCHITECT OR DESIGNER MAILING ADDRESS			PHONE LICENSE NO.				
4							
ENGINEER MAILING ADDRESS			PHONE		LICENSE NO.		
5							
LENDER MAILING ADDRESS			BRANCI		BRANCH		
6							
USE OF BUILDING							
7							
8 Class of work: NEW	ADDITION	ALTERATION	REPAIR	MOVE	REMOVE		
9 Describe work:							
10 Value:							
			Type of	Fuel: Oil • Na	t. Gas 0 LPG •		
			PERMIT FEES				
SPECIAL CONDITIONS:			No.	Type of F		Fee	
				WATER CLOSET (TOILET)	\$	
				BATHTUB LAVATORY (WASH BASIN	1)		
					1)		
				SHOWER			
APPLICATION ACCEPTED BY PLA	NS CHECKED BY	APPROVED FOR ISSUANCE BY		KITCHEN SINK & DISPOS	AL		
APPLICATION ACCEPTED BY PLA	INS CHECKED BY	APPROVED FOR ISSUANCE BY		DISHWASHER LAUNDRY			
		-					
				URINAL DRINKING FOLINTAIN			
NOTICE				DRINKING FOUNTAIN			
THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT			FLOOR – SINK OR DRAIN SLOP SINK				
COMMENCED WITH 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED				SEWER SEWER			
FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED. IT IS THE DUTY OF THE				CESSPOOL			
PERSON DOIN THE WORK AUTHORIZED BY A PERMIT TO NOTIFY THE BUILDING OFFICIAL THAT							
SUCH WORK IS READY FOR INSPECTION. I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS				SEPTIC TANK & PIT WATER HEATER			
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				WATER REATER WASTE INTERCEPTOR WATER PIPING & TREATING EQUIP			
							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.				VACUUM BREAKERS			
				GAS SYSTEMS: NO. OUTLETS			
				GAS STSTEMS: NO. OUTL	LIO.		
SIGNATURE OF CONTRACTOR OR AUTHORIZED	AGENT	(DATE)					
		. ,					
					DEDINT		
					PERMIT TOTAL FEE	\$ \$	

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CASH

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