PLUMBING PERMIT APPLICATION

City of Vinton, Iowa

Applicant to complete numbered spaces only.

JOB ADDRESS

1 LEGAL DESCR.	LOT NO.	BLK.	TRACT (SEE ATTACHED SHEET)	
2 OWNER	MAILING ADDRESS	ZIP	PHONE	
3 CONTRACTOR	MAILING ADDRESS	PHONE	LICENSE NO.	
4 ARCHITECT OR DESIGNER	MAILING ADDRESS	PHONE	LICENSE NO.	
5 ENGINEER	MAILING ADDRESS	PHONE	LICENSE NO.	
6 LENDER	MAILING ADDRESS		BRANCH	
7 USE OF BUILDING				

8 Class of work: NEW ☐ ADDITION ☐ ALTERATION ☐ REPAIR ☐ MOVE ☐ REMOVE ☐

9 Describe work:

10 Value:

Type of Fuel: Oil • Nat. Gas 0 LPG •

SPECIAL CONDITIONS:

APPLICATION ACCEPTED BY	PLANS CHECKED BY	APPROVED FOR ISSUANCE BY

NOTICE

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITH 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED. IT IS THE DUTY OF THE 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 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.

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT (DATE)

SIGNATURE OF OWNER AIF OWNER BUILDER) (DATE)

PERMIT FEES

No.	Type of Fixture	Fee
	WATER CLOSET (TOILET)	$
	BATHTUB	
	LAVATORY (WASH BASIN)	
	SHOWER	
	KITCHEN SINK & DISPOSAL	
	DISHWASHER	
	LAUNDRY TRAY	
	URINAL	
	DRINKING FOUNTAIN	
	FLOOR – SINK OR DRAIN	
	SLOP SINK	
	SEWER	
	CESSPOOL	
	SEPTIC TANK & PIT	
	WATER HEATER	
	WASTE INTERCEPTOR	
	WATER PIPING & TREATING EQUIP	
	LAWN SPRINKLER SYSTEM	
	VACUUM BREAKERS	
	GAS SYSTEMS: NO. OUTLETS	
	PERMIT	$
	TOTAL FEE	$

WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT

PLAN CHECK VALIDATION CK. M.O. CASH PERMIT VALIDATION CK. M.O. CASH

INSPECTOR