



**CITY OF JACKSONVILLE, FLORIDA
BUILDING INSPECTION DIVISION**

PLUMBING PERMIT APPLICATION

IP _____

Permit Number

Date Issued ____/____/____

Application must be typed or printed legibly in ink. Complete all relevant fields.

PROJECT IDENTIFICATION		PROPERTY OWNERSHIP DETAILS	
PROJECT NAME _____		TYPE: INDIVIDUAL <input type="checkbox"/> GOVERNMENT AGENCY <input type="checkbox"/> BUSINESS <input type="checkbox"/>	
PROJECT CONTACT _____		FULL LEGAL NAME, AGENCY, OR BUSINESS _____	
PROJECT CONTACT PHONE (____) _____ - _____		MAILING ADDRESS _____	
PERMIT ASSOCIATIONS? NO <input type="checkbox"/> YES <input type="checkbox"/> If yes, list permit data below:		OWNER CONTACT PHONE (____) _____ - _____	
<input type="checkbox"/> BUILDING PERMIT	_____	OWNER E-MAIL ADDRESS _____	
<input type="checkbox"/> MOBILE HOME PERMIT	_____		
TEMPORARY TAG NUMBER _____			
REAL ESTATE NUMBER _____			

PERMIT ADDRESS (This is the physical address of the actual work location.)

STREET NUMBER _____ STREET NAME _____ TYPE (Ave/Blvd) _____ DIRECTION _____

UNIT/SUITE _____ ZIP CODE _____ INTERSECTING STREETS _____ AND _____

LOT NO. _____ BLOCK _____ SUBDIVISION _____ CITY DEVELOPMENT NUMBER _____

LICENSED CONTRACTOR		PROPOSED USE	
COMPANY NAME _____		RESIDENTIAL	NON-RESIDENTIAL
NAME (QUALIFYING AGENT) _____		<input type="checkbox"/> Apartment	<input type="checkbox"/> Amusement, Recreational
STATE CERTIFICATION OR REGISTRATION NUMBER _____		<input type="checkbox"/> Carport	<input type="checkbox"/> Church, Other Religious
QUALIFYING AGENT SIGNATURE _____		<input type="checkbox"/> Condominium	<input type="checkbox"/> Convert Residence
QUALIFYING AGENT CITY ID NO. _____		<input type="checkbox"/> Duplex	<input type="checkbox"/> Daycare
ADDRESS _____		<input type="checkbox"/> Garage	<input type="checkbox"/> Hospital, Institutional
PHONE _____	FAX _____	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Hotel, Motel, Dormitory
E-MAIL ADDRESS _____		<input type="checkbox"/> Other _____	<input type="checkbox"/> Industrial
		<input type="checkbox"/> Single Family	<input type="checkbox"/> Office, Bank, Professional
		<input type="checkbox"/> Townhouse	<input type="checkbox"/> Other _____
		<input type="checkbox"/> 3 or 4 Family	<input type="checkbox"/> Parking Garage
			<input type="checkbox"/> Restaurant
			<input type="checkbox"/> School, Library, Educational
			<input type="checkbox"/> Service Station, Repair Garage
			<input type="checkbox"/> Stores, Mercantile
			<input type="checkbox"/> Utilities

BRIEF DESCRIPTION OF WORK OR ADDITIONAL NOTES		TYPE OF IMPROVEMENT	JOB COST
_____ _____ _____		<input type="checkbox"/> Existing Building	\$ _____
		<input type="checkbox"/> New Building	
		<input type="checkbox"/> Other _____	

WORKER'S COMPENSATION	NATURE OF WORK		
<input type="checkbox"/> EXEMPT	Check all that apply.		
<input type="checkbox"/> INSURER _____	<input type="checkbox"/> Repipe	<input type="checkbox"/> Water Softeners Conditioners	<input type="checkbox"/> Sewer Connection
<input type="checkbox"/> LEASE EMPLOYEES _____	<input type="checkbox"/> Rough-In Only	<input type="checkbox"/> New Water Meter / Service	<input type="checkbox"/> Sewer Disconnection
EXPIRATION DATE _____	<input type="checkbox"/> Lawn Sprinklers	<input type="checkbox"/> Solar-Heat Recovery Units	<input type="checkbox"/> Fixture Replacement
			<input type="checkbox"/> New Fixture

WATER AND SEWER	
Water Supply: <input type="checkbox"/> Public-City <input type="checkbox"/> Private Utility Company <input type="checkbox"/> Private Well	New Water Meter: <input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation
Sewer Supply: <input type="checkbox"/> Public-City <input type="checkbox"/> Private Utility Company <input type="checkbox"/> Private Septic	

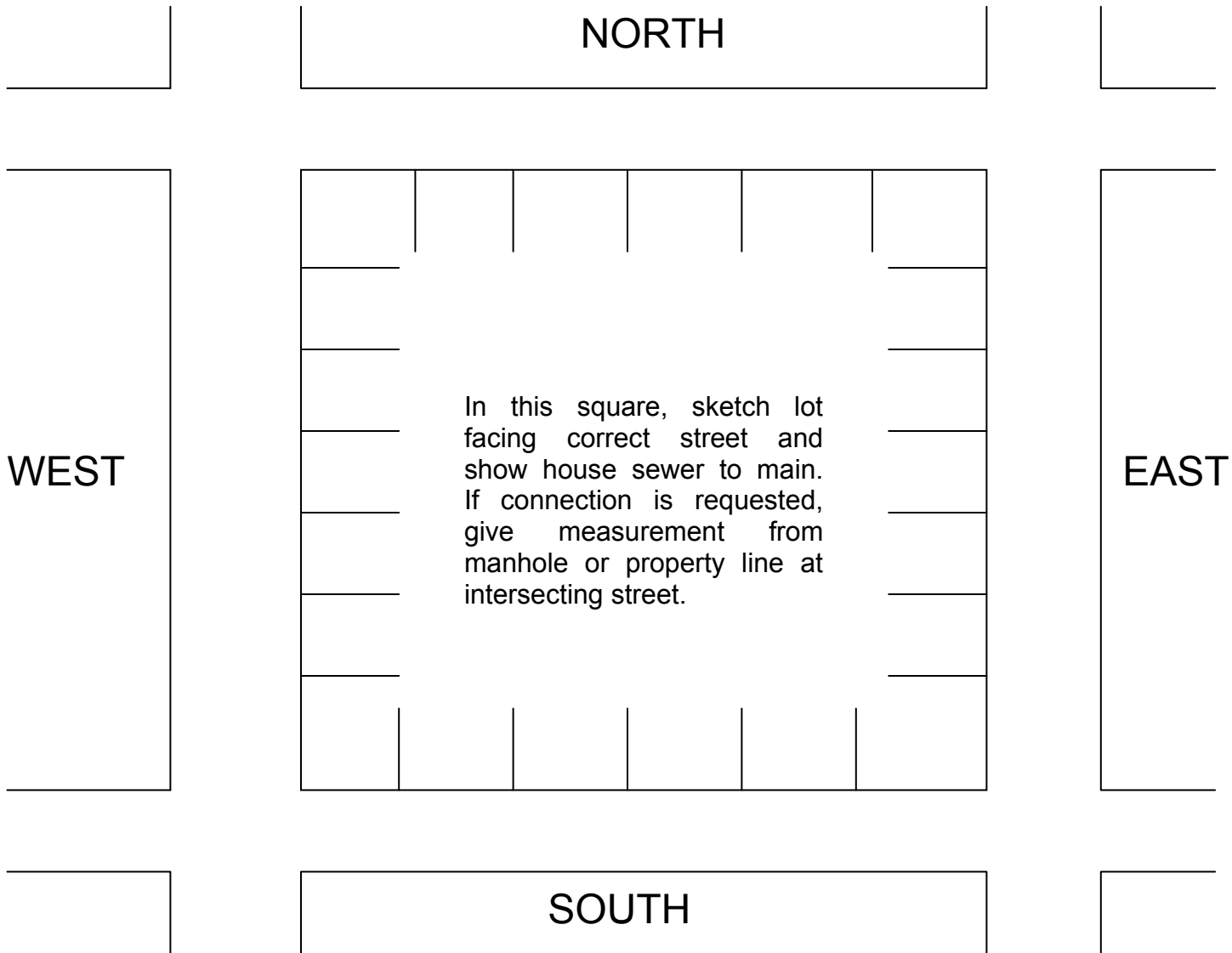
FIXTURES TO BE INSTALLED			
Quantity	Fixture Type	Quantity	Fixture Type
_____	Bar Sink	_____	Sewer Connection
_____	Bathtubs	_____	Shower Stall
_____	Bidet	_____	Urinal Wall
_____	Dishwasher	_____	Washing Machine
_____	Drinking Fountain	_____	Water Closet, Tank
_____	Floor Drains	_____	Water Closet, Valve
_____	Hose Bibbs	_____	Water Connection
_____	Interceptor	_____	Water Connection, Ice Maker
_____	Kitchen Sink	_____	Water Heater - Electric
_____	Lavatory	_____	Water Heater - Natural Gas
_____	Laundry Tray	_____	Water Heater - LP Gas
_____	Main Drain	_____	Other: Specify _____
_____	Roof Drains	_____	
_____	Service Sink	_____	Total Fixtures

IF THIS PERMIT IS FOR A NEW SINGLE FAMILY DWELLING OR DUPLEX, IS THERE GRAY WATER OR IRRIGATION WELL SERVICING THIS PROPERTY?

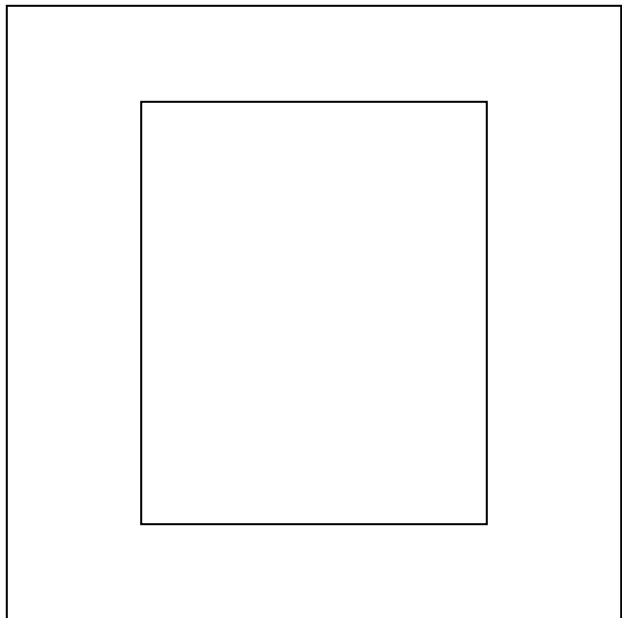
YES NO

REQUIRED INSPECTIONS			PAYMENT METHOD			APPROVAL		
Official Use Only			<input type="checkbox"/> Cash <input type="checkbox"/> Escrow Account			Official Use Only		
Req'd	Code	Inspection Type	Req'd	Code	Insp	<input type="checkbox"/> Code Enforcement _____		<input type="checkbox"/> Fire Marshal _____
<input type="checkbox"/>	05	Rough	<input type="checkbox"/>	29	Rep	<input type="checkbox"/> Zoning _____		<input type="checkbox"/> DMG - Flood _____
<input type="checkbox"/>	28	Top-out	<input type="checkbox"/>	09	Fina	<input type="checkbox"/> EPA - Ash site _____		<input type="checkbox"/> Other _____
<input type="checkbox"/>	31	Water and Sewer	FEES					
			\$ _____					

CHECKING NOTES



This square is to represent the lot. Locate the building or buildings in the right position and show sewer including all branches. Give distance in feet from sewer to side lot line.



FRONT OF LOT