

**PLEASE CALL FOR FINAL INSPECTION
PLUMBING AND
HEATING PERMIT**

**Before You Dig
Call Miss Utility
1-800-282-8555**



City of



**PLEASE ATTACH
PUBLIC WORKS FORM**

DATE RECEIVED: _____
DATE ISSUED: _____

**A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION.
WHEN READY FOR INSPECTION OR WHEN CHANGING CONTRACTORS CALL 736-7011
24 HOURS IN ADVANCE**

Work Site Location _____ Lot No. _____
Subdivision _____
Owner _____
Address _____
Tele. (____) _____
Contractor _____
Address _____
Tele. (____) _____
Dover Business License No. _____
B. PLUMBING CHARACTERISTICS
Building Use: _____
Building Sewer Size _____
Water Service Size _____
Estimated Cost of Plumbing Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW: _____
 No Plans Required
 Plumb. Plans Approved
 Date: _____
 Approved by: _____
 Health Department
 Date: _____
 Approved by: _____
 Permit Approved
 Date: _____
 Approved by: _____

INSPECTIONS:
 Type: _____
 Slab _____
 Rough _____
 Water _____
 Sewer _____
 Fixtures _____
 Gas Equipment _____
 Gas Final _____
 TCO _____

Dates (Month/Day)
 Failure _____ Approval _____
 Initial _____

C. CERTIFICATION IN LIEU OF OATH
 I hereby certify that I am the (agent of) owner of record and am authorized to make this application, and will perform all work in accordance with the applicable Codes and Ordinances.

PRINT NAME _____ SIGNATURE-CONTRACTOR SEAL _____
 Licensed Plumbing Contractor Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Closet	_____
_____	Urinal/Bidet	_____
_____	Bath Tub	_____
_____	Garbage Disposal	_____
_____	Shower	_____
_____	Sink	_____
_____	Dishwasher	_____
_____	Drinking Fountain	_____
_____	Washing Machine	_____
_____	Gas Piping, Interior	_____
_____	Fuel Oil Piping	_____
_____	Water Heater	_____
_____	Sewer Pump	_____
_____	Grease Trap	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Gas Service Connection	_____
_____	Other _____	_____
_____	HVAC DATA	_____
_____	Type AC	_____
_____	Tons A/C	_____
_____	Type Heat	_____
_____	BTU Heat	_____
_____	Fuel Supply	_____
_____	Type Chimney	_____
_____	Other _____	_____

Paid () Check # _____ CASH \$ _____
 Collected by: _____ TOTAL \$ _____

Applicant's Copy to be posted in Front Window ASAP
 1 White - Inspector Copy
 3 Pink - Office Copy
 2 Canary - Office Copy