



OFFICE USE ONLY		
PERMIT APPLICATION NUMBER	RECEIVED BY	DATE
REVIEWED BY	DATE	

**PLUMBING INFORMATION TO CONSTRUCT/ALTER:**

- PLUMBING SYSTEM  
 HYDRONIC HEATING SYSTEM

**PROPOSED USE OF BUILDING**

- Single       Multi  
 Commercial     Industrial     Institutional

**TYPE OF WORK**

- Building Permit Application **is** attached to this form  
 (as project scope is limited to work identified above).  
 Building Permit Application **is not** attached to this form (provided  
 through owner, as project scope includes work other than above)

- New Construction     Repair       Replace  
 Alter/Extend       Other \_\_\_\_\_

**PROJECT LOCATION/CONTACTS (Please Print)**

Project Address		
Owner	Address & Postal Code	Phone: Fax No.
Plumbing Contractor & License #	Address & Postal Code	Phone: Fax No.
Hydronics Contractor	Address & Postal Code	Phone: Fax No.

**PLUMBING SYSTEM INFORMATION**

FIXTURE	BSMT	1st	2nd	3rd	
Water Closet Installed					
Water Closet Rough-In					
Basin Installed					
Basin Rough-In					
Bathtub Installed					
Bathtub Rough-In					
Shower Installed					
Shower Rough-In					
Kitchen Sink Installed					
Kitchen Sink Rough-In					
Dishwasher					
Bidet					
Sauna					
Bar Sink					
Hot Water Tank					
Automatic Washer					
Laundry Tub					
Floor Drain					
Roof Drain					
Storm Sewer Sump					
Water Meter Connection					
Main Building Control Valve					

**SERVICES/HYDRONICS**

- Well       Septic Tank       Hydronic Heating (Design attached):  Primary Source  
 Supplemental  
 Hydronic Heating (Design Attached): **Rough-in Only**

**DRAWINGS REQUIREMENTS**

Drawing information shall include a plan showing the location and size of every building drain and every trap or inspection piece on the building drain, and a sectional drawing showing the size and location of every soil or waste pipe, trap and vent pipe.

- Drawing(s) provide with this information form submission       Drawing(s) provided separately with building permit application supplied by owner/owner representative       Drawings not required (subject to City approval)

**DECLARATION:** I, the undersigned  OWNER,  MASTER PLUMBER per LICENSED PLUMBING CONTRACTOR (if required-see Note\*),  
 HYDRONICS CONTRACTOR (print) I, \_\_\_\_\_, am the authorized owner (or owner's representative) named on this form and I certify the truth of all statements or representations contained on this form and agree to the terms and condition(s) contained on this form and the associate building permit application form.

DATED: \_\_\_\_\_, SIGNATURE: \_\_\_\_\_