

107 FRANKLIN AVENUE
 LEWES, DE 19958
 (302) 645-6228
 FAX: (302) 645-6358

Fee _____

RESIDENTIAL PLUMBING PERMIT APPLICATION

(PLUMBING PERMIT TO BE SECURED 24 HOURS BEFORE WORK STARTS)

Signature & License No. of Plumber _____ Date _____

Telephone _____

Builder/Contractor _____ Property Owner _____

The following abstract of specification of plumbing with description and plan is submitted for approval:

Job Site Information

Location of property to be inspected _____

		FIXTURES	SOIL OR WASTE PIPE		VENT PIPE	
		How Many	Size	Material	Size	Material
BATH	Water Closet					
	Lavatory					
	Bath Tub					
	Shower					
	Bidet					
KITCHEN	Kitchen Sink					
	Dishwasher					
	Ice Maker					
UTILITIES	Washer					
	Utility Sinks					
	O/S Hose Bib					
	O/S Shower					
	Water Conditioner					
	Water Heater					
	Bar Sink					
OTHER						

FOR OFFICIAL USE ONLY

Types of Inspections Requested:
 (48 Hour Notice Required)

- 1. UG (if applicable)
- 2. RI
- 3. F

APPROVED NOT APPROVED

 Plumbing Inspector