

**PLUMBING PERMIT
JURISDICTION OF THE CITY OF MADISONVILLE**

Applicant to complete numbered spaces only.

Job Address _____

Legal Description	Blk. No.	Tract
Owner	Mail Address	Zip Phone
Contractor	Mail Address	Zip Phone
Architect or Designer	Mail Address	Zip Phone
Engineer	Mail Address	Zip Phone

Use of Building _____

Class of Work:	New	Addition	Alteration	Repair	Move	Remove
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Describe Work: _____

Special Conditions: _____

Application Accepted by	Plans Checked by	Approved for Issuance by
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NOTICE		PERMIT FEES	
<p>This permit becomes null and void if work or construction authorized is not commenced within 6 months, or if construction or work is suspended or abandoned for a period of 6 months at any time after work is commenced.</p> <p>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 or the performance of construction.</p>	No.	Type of Fixture	Fee
	___	Water Closet(Toilet)	___
	___	Bathtub	___
	___	Lavatory (Wash Basin)	___
	___	Shower	___
	___	Kitchen Sink-Disp.	___
	___	Dishwasher	___
	___	Laundry Tray	___
	___	Clothes Washer	___
	___	Water Heater	___
	___	Urinal	___
	___	Drinking Fountain	___
	___	Floor Sink or Drain	___
	___	Slop Sink	___
	___	Gas Sys.No Outlets	___
___	Water Piping/Equip	___	
___	Waste Interceptor	___	
___	Vacuum Breakers	___	
___	Lawn Sprinkler Sys.	___	
___	Sewer	___	
___	Cesspool	___	
___	Septic Tank & Pit	___	
<hr/> Signature of Contractor or Agent			
<hr/> Signature of Owner (If Owner Builder)			

Total Fee \$ _____