

**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

Describe Work: \_\_\_\_\_

Special Conditions: \_\_\_\_\_

Application Accepted by	Plans Checked by	Approved for Issuance by

NOTICE	No.	PERMIT FEES	
		Type of Fixture	Fee
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. 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.	_____	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	_____	
	Total Fee	\$	_____

Signature of Contractor or Agent \_\_\_\_\_ Date \_\_\_\_\_

Signature of Owner (If Owner Builder) \_\_\_\_\_

Amount Paid \_\_\_\_\_  
 Check or Cash \_\_\_\_\_  
 Check Number \_\_\_\_\_  
 Receipt Number \_\_\_\_\_  
 Date of Payment \_\_\_\_\_  
 Clerk's Initials \_\_\_\_\_