

CITY OF VALPARAISO

APPLICATION FOR PLUMBING PERMIT SUPPLEMENT

Plumbing Contractor Information

Name: _____ Phone: _____ License No. : _____

Street Address: _____ City: _____ State: _____ Zip: _____

Fixtures	No. 1 st Floor	No. 2 nd Floor	Fixtures	No.
Basin			Storm Drain/Sewer	
Bath Tub			Sewer Connection	
Closet			Man Hole	
Dishwasher			Sewer Main	
Drain-Floor/Roof			Water Main	
Drinking Fountain			Sewer Lateral	
Kitchen Sink			Water Lateral	
Shower			Backflow Device	
Washer			Sprinkler Lawn	
Water Heater			Sprinkler Fire Heads	
Other:			Septic Tank	

Additional Project Information:

Signature of Applicant _____ Phone No. _____ Date _____

Approved By _____ Date _____