

IMPORTANT - Complete ALL items. Mark boxes where applicable.

No.

LOCATION OF BUILDING	Street Address		Zone	Plat & Parcel
	Lot			
	Block	Subdivision		

TYPE AND COST OF INSTALLATION

A. TYPE OF IMPROVEMENT

- 1 New building
- 2 Addition (if residential, enter number of new housing units added, if any, in Part D)
- 3 Repair, replacement or Alteration (See 2 above)

D. PROPOSED USE - RESIDENTIAL

- One family
- Two family
- Three family
- Four family
- Five or more family
- Transient hotel, motel, or dormitory - Enter number of units,
- Other - Specify

NON-RESIDENTIAL

- Amusement, recreational
- Church, other religious
- Industrial
- Parking garage
- Service station, repair garage
- Hospital, institutional
- Office, bank, professional
- Public utility
- School, library, other educational
- Stores, mercantile
- Other - Specify

B. OWNERSHIP

- 1 Private (Individual, corporation, nonprofit institution, etc.)
- 2 Public (Federal, State, or local government)

Owner's or agent's name

Phone number

If possible, give number of Building Permit No.

NUMBER OF FIXTURE OPENINGS "ROUGHED IN"

NUMBER OF FIXTURES TO BE SET

	Catch Basins	Water Closets	Bath Tubs	Basins	Sinks	Laundry Trays	Shower Baths	Wash. Mach.	Urinals	Floor Drain	Other Outlets
Sub-basmt.											
Basement											
1st Story											
2nd "											
3rd "											
4th "											
5th "											
Attic											

	Water Closets	Bath Tubs	Basins	Sinks	Laundry Trays	Shower Baths	Wash. Mach.	Urinals	Other Fixtures
Sub-basmt.									
Basement									
1st Story									
2nd "									
3rd "									
4th "									
5th "									
Attic									

Plumb Openings (Total Number) _____

Outside Sewer (Footage) _____

Inside Sewer _____

Roof Drain (show roof area) _____

Inside water piping _____

Inside gas piping _____

Reinspection _____

Check appliances plumbed for:

Washing Machine

Water Heater

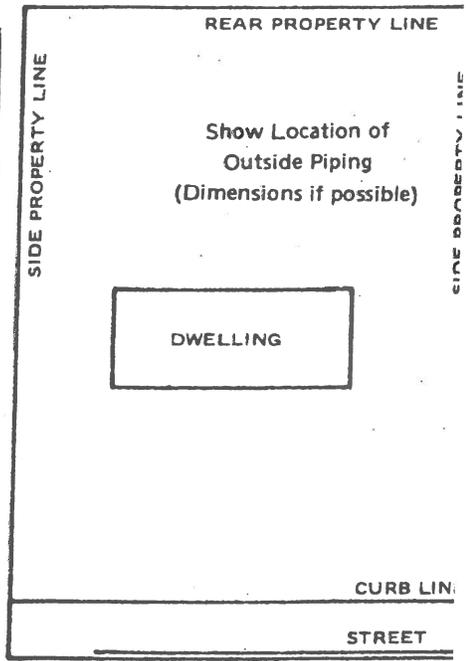
Dryer

Dish Washer

Air Conditioner

List Others _____

Remarks



ESTIMATED VALUATION

Fee _____

Plan Checking Fee _____

State Surcharge _____

TOTAL FEE _____

In consideration of the issue and delivery to me by the Building Inspector of the Town of Thomson of a permit to install the Plumbing work indicated above, agree to do said proposed work in strict accordance with all Town Ordinance and applicable State Regulations relative to same, and, that when the work is ready, I shall notify the Department of Building Inspection, requesting that an examination be made of said work, as required by Town Ordinance and State Regulation.

Master License Number: _____

Firm: _____

Address: _____ Phone No. _____

Date: _____ By: _____