

## **Plumbing Permit**

Date:P	te: Parcel ID Number:			
Applicant:				_
Address:				_
Phone:				
Owner:				_
Address:				
Phone:				
Permit to: Zoning District:				
Dimensions: ft. wide by ft. long				
Remarks:				
Permit Fee: \$75.00				
umbing Inspector: Phone:				
DOCT TIME C	· ^ D D			
POST THIS C	AKD	20 11 12 VISIB	SLE FRO	OM THE STREET
Building Inspection App	orovals	Plumbing Inspection Approvals		lectrical Inspection pprovals

Permit will become null and void if construction work is not started/completed within six months of the date the permit is issued as noted above.