



Town of Chilhowie, Virginia

Office of the Building Inspector

PLUMBING PERMIT APPLICATION



A	Customer Information		Important: Applicant must complete all non-shaded areas and mark or circle where appropriate.				Application Date			
			Important: Applicant must fill ALL three (3) sections "A, B, and C" of this application. Failure to do so may result in rejection and-or delay of the review process.				Permit Number			
	Job Address		Number & Street		Parcel Number		Site Phone			
	Contractor		Name		License Number		Phone			
	<input type="checkbox"/> Check here if the contractor is the permit holder.		Number & Street		City		State	Zip		
	Applicant		Name		PO Box (If Applicable)		Phone			
			Number & Street		City		State	Zip		
Property Owner		Name		PO Box (If Applicable)		Phone				
		Number & Street		City		State	Zip			
B	<u>Work to be Performed on</u>		<u>Type and Quantity of Fixtures</u>			<u>Type and Quantity of Fixtures</u>				
	<u>New Construction</u>		<input type="checkbox"/> _____ Water Closet <input type="checkbox"/> _____ Bath Tub <input type="checkbox"/> _____ Shower <input type="checkbox"/> _____ Lavatory <input type="checkbox"/> _____ Sink <input type="checkbox"/> _____ Laundry Tub <input type="checkbox"/> _____ Service Sink <input type="checkbox"/> _____ Urinal <input type="checkbox"/> _____ Ice Maker <input type="checkbox"/> _____ Bar Sink <input type="checkbox"/> _____ Washing Machine			<input type="checkbox"/> _____ Dishwasher <input type="checkbox"/> _____ Garbage Disposal <input type="checkbox"/> _____ Drinking Fountain <input type="checkbox"/> _____ Floor Drain <input type="checkbox"/> _____ Roof Drain <input type="checkbox"/> _____ Water Heater <input type="checkbox"/> _____ Open Sight Drain <input type="checkbox"/> _____ Intercepting Trap <input type="checkbox"/> _____ Unlisted Fixture <input type="checkbox"/> _____ Vents <input type="checkbox"/> _____ Swimming Pool/Spa			Building Official	
	<input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> Multi-Family Dwelling <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial								<u>Service Connections</u>	
	<u>Additions, Alterations and Repairs</u>								<input type="checkbox"/> New Water Service <input type="checkbox"/> Existing Water Service <input type="checkbox"/> New Sewer Service <input type="checkbox"/> Existing Sewer Service <input type="checkbox"/> New Gas Service <input type="checkbox"/> Existing Gas Service	
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other										
C	Certification:		I hereby certify that I have the authority to make the foregoing application, that the application is correct, and that the construction will conform to the regulations in the Current adopted Virginia Uniform Statewide Building Code and the Town of Chilhowie Zoning Ordinance.							
	Signature		Address		Name (Print)		Date	Phone		
	DO NOT SIGN		LEAVE BLANK		LEAVE BLANK		LEAVE BLANK	LEAVE BLANK		
NOTE: This permit shall become invalid if the authorized work is not started within six (6) months from the date issued, and/or if the authorized work is suspended for a period of six (6) months after the time for commencing the work.										