



Town of Chilhowie, Virginia

Office of the Building Inspector

PLUMBING PERMIT

DO NOT
WRITE HERE

A	Customer Information		Important: Applicant must complete all non-shaded areas and mark or circle where appropriate.				Application Date	
	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	
	Property Owner		Name		PO Box (If Applicable)		Phone	
	Number & Street		City		State	Zip		Permit Number
Contractor		Number & Street		City		State	Zip	P
Applicant		Number & Street		City		State	Zip	Plan Reviewed By <i>Charles R. Sturgill</i>
Property Owner		Number & Street		City		State	Zip	Permit Fee \$
Work to be Performed on		Type and Quantity of Fixtures		Type and Quantity of Fixtures		Service Connections		2.00% State Levy Fee \$
New Construction		<input type="checkbox"/> _____ Water Closet		<input type="checkbox"/> _____ Dishwasher		<input type="checkbox"/> New Water Service		Total Permit Fee \$
<input type="checkbox"/> Single Family Dwelling		<input type="checkbox"/> _____ Bath Tub		<input type="checkbox"/> _____ Garbage Disposal		<input type="checkbox"/> Existing Water Service		Payment Method <i>CHECK CASH CC</i>
<input type="checkbox"/> Multi-Family Dwelling		<input type="checkbox"/> _____ Shower		<input type="checkbox"/> _____ Drinking Fountain		<input type="checkbox"/> New Sewer Service		Check #
<input type="checkbox"/> Commercial		<input type="checkbox"/> _____ Lavatory		<input type="checkbox"/> _____ Floor Drain		<input type="checkbox"/> Existing Sewer Service		
<input type="checkbox"/> Industrial		<input type="checkbox"/> _____ Sink		<input type="checkbox"/> _____ Roof Drain		<input type="checkbox"/> New Gas Service		
Additions, Alterations and Repairs		<input type="checkbox"/> _____ Laundry Tub		<input type="checkbox"/> _____ Water Heater		<input type="checkbox"/> Existing Gas Service		
<input type="checkbox"/> Residential		<input type="checkbox"/> _____ Service Sink		<input type="checkbox"/> _____ Open Sight Drain		<input type="checkbox"/> _____ Intercepting Trap		
<input type="checkbox"/> Commercial		<input type="checkbox"/> _____ Urinal		<input type="checkbox"/> _____ Unlisted Fixture		<input type="checkbox"/> _____ Vents		
<input type="checkbox"/> Industrial		<input type="checkbox"/> _____ Ice Maker		<input type="checkbox"/> _____ Swimming Pool/Spa		<input type="checkbox"/> _____		
<input type="checkbox"/> Other		<input type="checkbox"/> _____ Bar Sink		<input type="checkbox"/> _____		<input type="checkbox"/> _____		
<input type="checkbox"/> _____ Washing Machine		<input type="checkbox"/> _____		<input type="checkbox"/> _____		<input type="checkbox"/> _____		
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.						<i>Charles R. Sturgill</i> Building Official
Signature		Address		Name (Print)		Date	Phone	
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.								