

WATERLOO PLUMBING PERMIT APPLICATION Date _____

Site Address _____

Owner/Occupant _____

<input type="checkbox"/> New Building	<input type="checkbox"/> Existing Building	<input type="checkbox"/> New Work	<input type="checkbox"/> Remodel
# / UNITS	UNIT TYPE	# / UNITS	UNIT TYPE
_____	Water Closet	_____	Back Water Valve
_____	Sink	_____	Back Flow Preventer
_____	Bath	_____	Auto. Washer/Washer Box
_____	Shower	_____	Mud Sump-Flammable Waste-
_____	Lavatory	_____	Interceptor
_____	Floor Drain	_____	Water Heater
_____	Laundry Tub/Sink	_____	D.Spout/Roof Drain
_____	Laundry/Mop Sink	_____	Sump Pump
_____	Floor Sink	_____	Dishwasher
_____	Drk. Fountain	_____	Grease Trap
_____	Urinal	_____	Septic Tank
_____	Water Softener/Cond./Any Type	_____	Garbage Disposal
_____	Sewer Cut-off	_____	Sewage Ejector
_____	Sewer	_____	Gas Piping
_____	Water Service (new/repair)		

Plumbing Contractor

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