Supplemental Plumbing Information

Building Services

Indicate the number of each type of fixture (including rough-ins) to remain in place, to be installed, to be relocated or replaced, or to be removed under this permit. This form is to be used in combination with a Plumbing or Building Permit Application.

Existing, (No change)	New, Relocated, or Replaced	Removed		Existing, (No change)	New, Relocated, or Replaced	Removed	
_____	_____	_____	Back Water Valve	_____	_____	_____	Reclaimed Water System
_____	_____	_____	Bar Sink	_____	_____	_____	Roof Drain - Interior
_____	_____	_____	Bathroom Sink	_____	_____	_____	Roof Drain - Exterior
_____	_____	_____	Bidet	_____	_____	_____	Service Sink
_____	_____	_____	Clothes Washer	_____	_____	_____	Sewage Ejector or Grinder Pump
_____	_____	_____	Commercial Kitchen Sink	_____	_____	_____	Shower (Stand Alone)
_____	_____	_____	Dishwasher	_____	_____	_____	Sovent System
_____	_____	_____	Drinking Fountain	_____	_____	_____	Storm or Yard Drain
_____	_____	_____	Engineered Laboratory System	_____	_____	_____	Sump Pump
_____	_____	_____	Floor Drain	_____	_____	_____	Toilet (Water Closet)
_____	_____	_____	Floor Sink	_____	_____	_____	Trap Primer
_____	_____	_____	Garage Drain	_____	_____	_____	Tub or Tub/Shower Combo
_____	_____	_____	Grease Interceptor	_____	_____	_____	Underslab or Footing Drain
_____	_____	_____	Grease Trap	_____	_____	_____	Urinal
_____	_____	_____	Grey Water System	_____	_____	_____	Utility Sink
_____	_____	_____	Hose Bib	_____	_____	_____	Waste Interceptor
_____	_____	_____	Ice Maker	_____	_____	_____	Waste & Vent Combined System
_____	_____	_____	Indirect Drain	_____	_____	_____	Water Heater (Electric)
_____	_____	_____	Instant Hot Water Tap	_____	_____	_____	Water Heater (Gas, replacement)*
_____	_____	_____	Kitchen Sink	_____	_____	_____	Water Heater, Tankless (Electric)*
_____	_____	_____	Laundry Sink	_____	_____	_____	Water Service Line
_____	_____	_____	Laundry Tub	_____	_____	_____	Other
_____	_____	_____	Medical Gas Outlet				
_____	_____	_____	Medical Gas System				
_____	_____	_____	Mop Sink				
_____	_____	_____	Oil or Sand Interceptor				
_____	_____	_____	Pool or Spa Drain				
_____	_____	_____	Pressure Reducing Valve				
_____	_____	_____	Rain Water Recovery System				

Describe Other:

**Fuel gas piping and new fuel gas fixtures require a Mechanical Permit, and shall not be installed or inspected under a Plumbing permit.*

Project Address: