

THE CITY OF PORTSMOUTH  
**PLUMBING & SEWER PERMIT APPLICATION**  
 DEPARTMENT OF PERMITS & INSPECTIONS

801 Crawford Street  
 Portsmouth, VA 23704  
 www.portsmouth.va.us/forms/forms.htm  
 Tel. (757) 393-8531 FAX (757) 393-5108  
 A PERMIT IS HEREBY REQUESTED TO INSTALL:  
 Plumbing  Sewer Connection

1. Address of Job: \_\_\_\_\_
2. Owner: \_\_\_\_\_ 3. Phone \_\_\_\_\_
4. Plumbing Contractor Trade Name: \_\_\_\_\_
5. Plumbing Contractor's Address: \_\_\_\_\_
- City: \_\_\_\_\_ ZIP: \_\_\_\_\_ 7. State License \_\_\_\_\_
6. Plumbing Contractor's Phone Number: \_\_\_\_\_ Class A No. \_\_\_\_\_
- Class B No. \_\_\_\_\_
- Class C No. \_\_\_\_\_

8. USE:

**Residential**

- One Family
- Two Family
- Multi-Family
- \_\_\_\_\_ no. of units
- Hotel, Motel
- Other

**\*Commercial**

- Assembly
- Office, Bank, \_\_\_\_\_ no. of units
- Elevators
- Educational
- Factory/Industrial
- High Hazard
- Mercantile, Stores \_\_\_\_\_ no. of units
- Institutional:
- Hospital
- Convalescent
- Day Nurseries
- Temporary \_\_\_\_\_
- OTHER \_\_\_\_\_

\*(Site & Plumbing Plans to accompany application)

9. Indicate on the following list the number of plumbing fixtures, roof drains, sewer connections, etc. to be installed:

Bath Tub	A	Laundry Tray	G	Sink	M	Service Line Renewal	S
Dishwashing Machine	B	Lavatory	H	Storm Drain	N	Water Heater	T
Drinking Fountain	C	Roof Drains	I	Urinals	O	Backflow	U
Floor Drain	D	Sewer Connection	J	Washing Machine	P	Other	V
Garbage Grinder	E	Sewer Renewal	K	Water Closet	Q	Reinspection	W
Interceptor	F	Shower	L	Water Service Line	R		

10. Total number of Plumbing items to be installed: \_\_\_\_\_

11. Nature of work: \_\_\_\_\_

12. Valuation: \$ \_\_\_\_\_ 15. Total Fee: \$ \_\_\_\_\_

All permits necessary for the completion of the work indicated will be obtained and paid for before any work is started. Failure to comply with applicable codes will result in the penalties set forth in Chapter 6, Portsmouth City Code. Any falsification, misrepresentation or misleading information **VOIDS** this application.

**13. APPLICANT**

Master Plumber

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

**OFFICE USE ONLY**

Case No. \_\_\_\_\_ Application No. \_\_\_\_\_

Job No. \_\_\_\_\_