

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	Backflow	T
Drinking Fountain	C	Roof Drains	I	Urinals	O	Other	U
Floor Drain	D	Sewer Connection	J	Washing Machine	P	Reinspection	V
Garbage Grinder	E	Sewer Renewal	K	Water Closet	Q		
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. _____