



# Department of Planning Zoning & Community Development Building Division

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Application # \_\_\_\_\_

Submittal Date \_\_\_\_\_

## APPLICATION FOR PLUMBING WORK

### Contact Information:

Applicants Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

Owners Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

Plumbing Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

**Maryland Plumbing License#** \_\_\_\_\_

### Project Information:

Project Address: \_\_\_\_\_

- \$100 PP1 New Stick Built Single Family / Town House
- \$75 PP2 ModularHome / Manufactured Home
- \$50 PP3 Addition to a Single Family Dwelling
- \$50 PP3 Alteration/Renovation
- \$150 PP4 Commercial/ Industrial (Site Plan Required)
- \$50 PP5 Other
- \$100 Per. Unit PP6 New Stick Built Two Family Dwelling (Duplex)

### Scope of Work Detail Information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## FOR OFFICIAL USE ONLY

### Prerequisites:

Check if Required:

Sign off Date:

Plumbing Plans

Site Plan

Health Department

Fee's

**Approved for Permit Issue**

Plumbing Official: \_\_\_\_\_ Date: \_\_\_\_\_