



Phone No.

Rec'd. By

Add:

Lot:

Block: Zone:

Permit No. _____

Date: 19.....

House No.

Street.....

City of Palacios Inspection Division

Application for Plumbing Permit for Alteration and Repair or New Construction

Building Owner: _____
(Name) (Street or Box No.) (Phone) (City) (State)

Plumbing Contractor: _____
(Name) (Street or Box No.) (Phone) (City) (State)

PLUMBING	GAS
Building Const. _____ Use _____	Type Gas: Nat. () L.P. ()
New Const. _____ Repair _____	No. Openings _____
Service Line Size: Water _____ Sewer _____	Hot Water Heater _____
Number Fixtures: Closets _____ Disposals _____	Wall Furnace _____
Tubs _____ Showers _____ Sinks _____ Dishwasher _____	Central Heat _____
Lavatories _____ Drains _____ Washer _____	Boiler _____
Miscellaneous _____	Miscellaneous: _____
Total Number of Fixtures: _____	_____
Water Connection Inspection Fee \$ _____	_____
Sewer Connection Inspection Fee \$ _____	_____
Plumbing Inspection Fee \$ _____	Total Number of Meter Loops: _____
TOTAL --- \$ _____	GAS INSPECTION FEE \$ _____

The undersigned applicant hereby declares that the above facts are true and correct and that the construction proposed herein will be performed in conformity with existing regulations as pertain to Plumbing and Gas Fitting as approved by the City of Palacios.

Name of Master Plumber _____

Address-Phone No. _____

APPROVED	
By: _____	_____
Title: _____	_____
Date: _____ 19 _____	_____

By _____ TOTAL FEE \$ _____

PLEASE CALL FOR INSPECTION!...972-3605