

CITY OF PALACIOS

BUILDING DEPARTMENT

PO BOX 845, PALACIOS, TX 77465 * Phone – 361.972.3605 * Fax – 361.972.6555 * www.cityofpalacios.org

PLUMBING PERMIT APPLICATION

DATE _____ PERMIT NO. _____

Job Address: _____

Plumbing Contractor: _____

Address: _____ Phone: _____

E Mail Address: _____

Property Owner: _____

Address: _____ Phone: _____

Building Const.: New or Remodel Building Height: _____ Use: _____

Flood Zone: _____ NFIP Elevation: _____ Required Elevation: _____

Plumbing.: _____ Gas: _____ Irrigation: _____

Plumbing: Water Service Size: _____ Sewer Size: _____ Vent Size: _____

Number Fixtures:
Closets _____ Disposals _____ Tubs _____ Showers _____ Sinks _____

Dishwasher _____ Drains _____ Lavatories _____ Washer _____ Misc. _____

Total Number of Fixtures: _____ \$2.50 each \$ _____

Water Heater/Tankless \$5.00 each \$ _____

Water, Sewer and Gas Piping: \$5.00 each \$ _____

Vacuum Breaker/ Backflow: \$5.00 each \$ _____

Plumbing Inspection Fee \$25.00 each \$ _____ (Ground, Rough-In, Final, Gas Test)

Permit Issuance Fee: \$35.00 \$ _____

TOTAL: \$ _____

The undersigned application 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 Code as approved by the City of Palacios.

Master Plumber (Please Print) _____ License Number _____

Signature: _____ Phone Number _____

Permit application can be emailed to: jellison@cityofpalacios.org

PERMIT APPROVED BY: _____