

BONDURANT PAINE HEIGHTS STORM SEWER CONNECTION PROJECT APPLICATION FOR PLUMBING PERMIT

NOTE – READ CAREFULLY

All portions of this form shall be completed by the applicant.

All work must be completed by November 2013.

It is the responsibility of the permittee to call for all inspections – Phone 515-967-2418.

Permits are non-transferable. All work shall be performed by permittee or its contractor.

No plumbing work shall be concealed or covered until approved by the inspector. Work that does not have an inspection report indicating approval shall be considered unapproved.

ALL WORK MUST BE INSPECTED.

Any questions about the work should be resolved prior to installation.

Job Address: _____

Owner: _____

Owner's Address: _____

The undersigned hereby makes application for a permit to perform plumbing work, as described hereon, at the above address.

Signature of Applicant: _____

Applicant's Printed Name: _____

Company Name: _____

Date: _____

DESCRIPTION OF WORK	NO.
STORM SEWER – PRIVATE: _____ L.F.	_____
SANITARY SEWER – PRIVATE: _____ L.F.	_____

FIXTURES	
Condensate Drain	_____
Sump	_____
Floor Sink	_____
Area Drain	_____
Floor Drain	_____
Sewage Ejector	_____
Back Water Valve	_____

RECONSTRUCTION: Drain ____ Stack ____ Vent ____

Items Not Classified Above _____

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Inspected By (Office Use Only):

_____ Public Works Staff

_____ Approved

_____ Denied

_____ Date

Comments: _____
