



APPLICATION FOR PLUMBING PERMIT

Building Commission
500 Quartermaster Ct., Ste. 200; Jeffersonville, Ind. 47130
Phone: 812-285-6415 • Fax: 812-285-6468
www.cityofjeff.net

Date: _____

Contractor License #: _____

1. Location information

• Address of job: _____

• Contractor: _____

• Contractor address: _____ City _____ State _____

• Office phone: _____ Cell phone: _____ E-mail: _____

2. Property information

• Property Owner: _____

• Address: _____ City _____ State _____

• Phone: _____ E-mail: _____

3. Is this building ...

_____ New

_____ Commercial

_____ Existing

_____ Residential

4. Project details (please indicate the type and quantity of fixtures being installed)

_____ Closet

_____ Disposal

_____ Bath tub

_____ Washer

_____ Shower Drain

_____ Dishwasher

_____ Kitchen Sink

_____ Service Sink

_____ EWC

_____ Urinal

_____ Water Heater

_____ Laundry tub

_____ Lavatories

_____ O.R.

_____ Floor Drain

X _____
(signature of license holder) (date)