



# 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)