

HOWARD COUNTY PERMIT APPLICATION										PLUMBING PERMIT # <small>(This number to be completed by County Personnel)</small>											
PLUMBING & GAS				DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS 3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043						Check box if Amendment <input type="checkbox"/> YES											
(410) 313-2455 PERMITS (410) 313-1840 INSPECTIONS				(PLEASE PRINT IN BLACK OR BLUE INK)						Original plumbing permit # _____											
BUILDING PERMIT # _____			WATER CONTRACT # _____			SEWER CONTRACT # _____			Check box if Homeowner's permit <input type="checkbox"/> YES <small>(Attach completed homeowners application)</small>												
BUILDING ADDRESS (HOUSE #, STREET, TOWN, ZIP CODE)						DESCRIPTION OF PROPOSED PLUMBING AND/OR GAS WORK:															
LOT # _____		SUITE # _____		COMMERCIAL _____		RESIDENTIAL _____		PLUMBER/ GAS FITTER/ UTILITY CONTRACTOR COMPANY NAME AND ADDRESS _____ PHONE # _____ TENANT'S NAME: _____													
TYPE OF STRUCTURE _____		SUBDIVISION _____		NEW _____		EXISTING _____															
OWNER NAME AND ADDRESS _____				PHONE # _____																	
INSTALL	RI	TYPE OF FIXTURE	INDICATE # OF FIXTURES PER FLOOR							INSTALL	RI	TYPE OF FIXTURE	INDICATE # OF FIXTURES PER FLOOR								
			B	1	2	3	4	5	6	7				B	1	2	3	4	5	6	7
		BATHTUB											SILL COCK (HOSE BIBB)								
		SHOWER											SEWER EJECTOR								
		URINAL											SUMP PUMP								
		LAVATORY											MOP SINK								
		WATER CLOSET											FLOOR SINK								
		KITCHEN SINK											FLOOR DRAIN								
		2-COMPARTMENT SINK											CONDENSATE DRAIN								
		3-COMPARTMENT SINK											ROOF DRAIN								
		WASHING MACHINE CONN											DRINKING FOUNTAIN								
		DISHWASHER											WET BAR								
		LAUNDRY TRAY											ELEC BOILER								
		DISPOSAL											ELEC WATER HEATER								
		ICE MAKER											TRENCH DRAIN								
FIXTURE SUBTOTAL											FIXTURE SUBTOTAL										
GRAND TOTAL OF FIXTURES =											\$ _____										
SANITARY SEWER – PIPE SIZE(S)						MATERIAL(S)			LENGTH		\$ _____										
STORM SEWER (OR CLEAR WATER WASTE) PIPE SIZE(S):						MATERIAL(S)			LENGTH		\$ _____										
WATER SUPPLY – PIPE SIZE(S)						MATERIAL(S)			LENGTH		\$ _____										
CAP OFF WATER, SEWER OR GAS											\$ _____										
OIL / GREASE INTERCEPTOR / SAND TRAP											\$ _____										
BACKFLOW PREVENTER (LIST MAKE, MODEL AND FOR WHAT USE)											\$ _____										
											\$ _____										
											\$ _____										
Circle one: GAS (NATURAL / 2PSI NATURAL / PROPANE / 2PSI PROPANE / OIL)																					
Write # of fixtures to the right of each gas fixture type listed in this section: RANGE _____ WATER HEATER _____ FURNACE _____ BOILER _____ FIREPLACE _____ DRYER _____ GRIDDLE _____ GRILL _____ MAKE UP AIR UNIT _____ UNIT HEATER _____ GENERATOR _____ STEAMER _____ FRYER _____ LOGS _____ ROOF TOP UNIT _____ OTHER _____										Check one: New Meter _____ Upgrade Meter _____ Neither _____		\$ _____									
PIPE SIZE: _____ TOTAL BTU'S _____						CHECK BOX IF STANDARD LOW PRESSURE <input type="checkbox"/>															
I HAVE CAREFULLY EXAMINED AND READ THIS APPLICATION AND KNOW THE SAME IS TRUE AND CORRECT, AND THAT IN DOING THIS WORK, ALL PROVISIONS OF HOWARD COUNTY ORDINANCES AND THE STATE LAWS OF MARYLAND WILL BE COMPLIED WITH, WHETHER SPECIFIED OR NOT AND WILL NOTIFY THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS TWENTY-FOUR (24) HOURS IN ADVANCE WHEN READY FOR THE INSPECTION CALLED FOR ELSEWHERE IN THIS APPLICATION AND THAT NO WORK WILL BE COVERED UP UNTIL SUCH INSPECTIONS HAVE BEEN COMPLIED WITH.																					
PLUMBER/GAS FITTER/UTILITY CONTRACTOR ORIGINAL SIGNATURE _____ PRINT NAME AND MARYLAND STATE PLUMBING LICENSE # _____ EMAIL ADDRESS: _____						BUILDING OFFICIAL APPROVAL DATE _____						APPLICATION FEE \$ 50.00 <small>(non-refundable)</small>									
												10% Technology Fee + _____									
						LICENSES AND PERMITS ISSUE DATE _____						TOTAL FEE DUE: \$ _____		CHECK # _____		ACCEPT DATE _____					

T:/Operations/Updated Forms/PlumbingPermitApplication.Rev 03.29.2017

PLEASE MAKE CHECKS PAYABLE TO "DIRECTOR OF FINANCE OF HOWARD COUNTY"