PERMIT

INGLESIDE ON THE BAY PLUMBING PERMIT

JOB ADDRESS		BLK	LOT	
FLOOD ZONE YES NO				
OWNER	MAILING ADI	ORESS		
HONE EMAIL				
CONTRACTOR	MAII	LING ADDRESS _		
PHONE	EMAIL	EMAIL		
CLASS OF WORK () NEW	() ADDITION () ALTERATION	() REPAIR () MOVE () REMOVE	
DESCRIBE WORK				
TOTAL SQUARE FEET	SPEC	CIAL CONDITION	S	
VALUATION OF WORK \$		_	TYPE OF FIXTURE	
	ION CODE. SEPARATE PERMITS ARE		FLOOR SINK OR DRAINTOILET WATER CLOSET	
	RICAL, PLUMBING AND GAS. D VOID IF WORK OR CONSTRUCTION D WITHIN 6 MONTHS OR IF WORK IS		BATHTUB	
SUSPENDED OR ABONDONED FOR	R A PERIOD OF 6 MONTHS AT ANY TIMI UNAUTHORIZED VARIATIONS FROM T		WASH BASIN	
APPROVED CONSTRUCTION PLAN			SHOWER	
, HEREBY, CERTIFY THAT I HAVE APPLICATION AND KNOW THE SA	ME TO BE TRUE AND CORRECT.		KITCHEN SINK & DISP	
	ED WITH WHETHER SPECIFIED HEREIN		DISHWASHER	
OR NOT. THE GRANTING OPF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER FEDERAL. STATE, OR LOCAL LAWSD REGULATING			WASHER	
ANY OTHER FEDERAL, STATE, OR CONSTRUCTION OR THE PERFORM			WATER HEATER	
			SEWERLAWN SPRINKLER SYSTEM	
SIGNATURE OF OWNER OR CONTI	DACTOD /AUTHODIZED ACENT	_	DATE.	
SIGNATURE OF OWNER OR CONTI	ACTOR/AUTHORIZED AGENT		DATE:	
APPROVED BY:			DATE	
	GOV.NET/GO/INGLESIDE			
	**************************************		**************************************	