

XXXXXXXX 107 Franklin Ave.
LEWES, DE 19958
(302) 645-6228
FAX: (302) 645-6358

COMMERCIAL PLUMBING PERMIT APPLICATION
(PLUMBING PERMIT TO BE SECURED 24 HOURS BEFORE WORK STARTS)

Signature & License No. of Plumber \_\_\_\_\_ Date \_\_\_\_\_

Builder/Contractor \_\_\_\_\_ Property Owner \_\_\_\_\_

The following abstract of specification of plumbing with description and plan is submitted for approval:

Job Site Information

Location of property to be inspected \_\_\_\_\_

DESCRIPTION OF PLAN

All work, material and construction to be in accordance with the Plumbing Code of the State of Delaware and to comply therewith in all particulars.

MAILING ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ Number of Stories \_\_\_\_\_ No. Units \_\_\_\_\_

Table with columns: BATH, KITCHEN, UTILITIES, OTHER, FIXTURES (How Many), SOIL OR WASTE PIPE (Size, Material), VENT PIPE (Size, Material). Rows include Water Closet, Lavatory, Tub/Shower, Urinal, 3 comp Sinks, Dishwashers, Hand Sinks, Food Prep Sinks, Ice Maker, Grease Traps, Utility Sinks, Coffee Machine, Drinking Fountain, Floor Drains, Water Heater, Bar Sink.

FOR OFFICIAL USE ONLY

Types of Inspections Requested:
(48 Hour Notice Required)

APPROVED [ ] NOT APPROVED [ ]

1. UG (if applicable)

COA NO. \_\_\_\_\_

2. RI

3. F

Plumbing Inspector