

## PLUMBING PERMIT FEE \$75.00

City Received Date Sta	amp

## PLEASE PRINT/TYPE

Description of Wor	rk:				
Address:					
Lot:	Block:		_ Tract:		
Owner:					
Phone Number:	Mobile Number:				
ALL CONT	RACTORS MUST E	BE REGISTERED W	/ITH THE CITY OF PAR	:KER	
Contractor:	Master License #				
Address:					
Contact Name:	Email:				
Business Phone: _	M	obile Number:	Fax:		
INSPECTIONS:			red, contact City Hall re request on inspecti		
THE CITY CURR	ENTLY FOLLOW	S THE 2000 INTE	RNATIONAL PLUMB	ING CODE	
WITHIN 6 MONTHS OR IF ANY TIME AFTER COMME THE SAME TO BE TRUE A WORK/CONSTRUCTION V DOES NOT PRESUME TO	THE WORK/CONSTRUCT ENCED. I HEREBY CERT AND CORRECT. ALL PRO WILL BE COMPLIED WITH O GIVE AUTHORITY TO V	FION IS SUSPENDED OR IFY THAT I HAVE READ A OVISIONS OF THE LAWS I WHETHER SPECIFIED H IOLATE OR CANCEL THE	TRUCTION AUTHORIZED IS NOT ABANDONED FOR A PERIOD (AND EXAMINED THIS APPLICATION OR DINANCES GOVERNING FROVISIONS OF ANY STATE CONSTRUCTION.	OF 6 MONTHS AT TION AND KNOW IG THIS TYPE OF NG OF A PERMIT E OR LOCAL LAW	
SIGNATURE OF C	OWNER OR CONT	FRACTOR		DATE	
Original signature	e required. Paperw	ork must be subm	itted to City Hall.		
For City Use Only: Fee Paid \$		heck  #tion Expiration Date:	CC Received by		