

PERMIT NUMBER _____

DATE _____

CITY OF HARRINGTON PLUMBING PERMIT APPLICATION

RESIDENTIAL _____

COMMERCIAL _____

Property Owner: _____

Property Address: _____

Property Owner Phone/Email: _____

Map/Parcel: _____

Contractor Name: _____

Contractor Address: _____

Contractor Phone/Email: _____

City of Harrington Contractor License No. _____

Delaware State Plumbing License No. (If Applicable) _____

Type of Work:

New Construction: _____ - Residential (single family dwelling / townhouse)
_____ - Commercial _____ -Apartment

Underground: _____ - Sewer _____ - Water

Remodel / Repair / Addition: _____

Water Heater: _____ - Gas _____ - Electric

Gas: _____

Project Description: _____

(Include Plans if Applicable) _____

Estimated cost of Plumbing Work \$ _____

Applicant's Certification: By completing this application, the applicant hereby certifies as follows under penalty of perjury: (1) I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized to by the owner to make this application as their agent; (2) That the information on this application (and construction documents) provides full disclosure and is accurate to the fullest extent possible; and (3) That the information contained in the application and construction documents is in compliance with all applicable covenants or deed restrictions.

Applicant's Signature: _____ Date: _____

Applicant Printed Name: _____

Office Use Only

Building Official _____ Date _____

Total Permit Fee _____

Fixture Count Work Sheet:

BATH

Fixture	Existing / Proposed	Drain / Vent Size
Water Closet	/	
Bathtub	/	
Shower	/	
Lavatory	/	
Urinal	/	
Bidet	/	

KITCHEN

Kitchen Sink	/	
3 Compartment Sink	/	
Hand Sink	/	
Food Prep Sink	/	
Dishwasher	/	
Ice Maker	/	

UTILITIES

Washer		Grease Trap / Size	
Utility Sink		Floor Sink	
O/S Hose Bib		Coffee Machine	
O/S Shower		Drinking Fountain	
Water Conditioner		Floor Drain	
Water Heater			
Bar Sink			

BACKFLOW DEVICE Yes No

SIZE/LOCATION _____

MODEL NUMBER _____

Commercial Only

Number of Stories _____

Building Occupant Load _____

Main Sewer Size _____

Occupancy Classification _____

Main Water Service Size _____

Building Construction Type _____

Office Use Only

Total Fixture Units _____

Total EDU _____