



PLUMBING PERMIT APPLICATION

Department of Community Development and Code Compliance
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OFFICE USE ONLY
APPLICATION #:
PERMIT #:
MASTER PERMIT #:

PROJECT INFORMATION

WHAT TYPE OF WORK IS TO BE PERFORMED (PLEASE CHECK): RESIDENTIAL COMMERCIAL
CHECK ONE: NEW ADDITION ALTERATION REMODEL/REPAIR WATER/SEWER SERVICE OTHER

PLEASE PROVIDE A DETAILED DESCRIPTION OF THE PLUMBING WORK TO BE COMPLETED:

IS THIS PERMIT TO INSTALL AN IRRIGATION BACKFLOW DEVICE: YES NO

ALL RESIDENTIAL NEW CONSTRUCTION PERMITS MUST PROVIDE SQUARE FOOTAGE:	FINISHED SQUARE FEET:	UNFINISHED SQUARE FEET:
WHAT IS THE ESTIMATED COST OF PLUMBING WORK ONLY (MATERIALS AND LABOR)? DO NOT INCLUDE THE COST OF OTHER WORK IN THIS ESTIMATE	ESTIMATED COST: \$	
JOB ADDRESS (STREET #/STREET NAME OR SUBDIVISION):	PARCEL ID #:	
BUILDING/SHOPPING CENTER NAME AND TENANT NAME (IF APPLICABLE):		

COMPLETE THE FOLLOWING IF THIS PERMIT INCLUDES THE INSTALLATION OF WATER AND/OR SEWER SERVICE

<input type="checkbox"/> DOMESTIC WATER SERVICE ONLY (STREET TO BUILDING) WATER LINE SIZE:	<input type="checkbox"/> SANITARY SEWER ONLY (STREET TO BUILDING) SEWER LINE SIZE: SEWER PUMP STATION TO BE INSTALLED: <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> WATER/SEWER SERVICE WATER LINE SIZE: SEWER LINE SIZE: SEWER PUMP STATION TO BE INSTALLED: <input type="checkbox"/> YES <input type="checkbox"/> NO
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CONTACTS

PLEASE NOTE: ALL CORRESPONDENCE WILL BE MADE BY EMAIL UNLESS OTHERWISE SPECIFIED

OWNER'S NAME:	PHONE #:	
PLEASE NOTE: IF THE PROPERTY OWNERSHIP HAS RECENTLY CHANGED, YOU MAY BE ASKED TO PROVIDE A COPY OF THE DEED		
CONTRACTOR NAME:	DPOR LICENSE #:	
CONTRACTOR ADDRESS:	CONTRACTOR PHONE #:	
PRIMARY CONTACT FOR CORRESPONDENCE (NAME):	EMAIL:	PHONE #:

APPLICANT

LICENSED CONTRACTOR: IF YOU ARE APPLYING FOR THIS PERMIT AND YOU ARE THE CONTRACTOR LISTED ON THIS APPLICATION, PLEASE COMPLETE THE APPLICANT SECTION BELOW
CONTRACTOR'S AGENT: IF YOU ARE APPLYING FOR THIS PERMIT ON BEHALF OF THE CONTRACTOR LISTED ON THIS APPLICATION, YOU WILL BE REQUIRED TO PROVIDE **PROOF THAT YOU ARE AUTHORIZED TO ACT AS THE CONTRACTOR'S AGENT**
OWNER: IF YOU ARE THE OWNER OF THIS PROPERTY, ARE EXEMPT FROM LICENSURE REQUIREMENTS, AND YOU ARE DOING YOUR OWN WORK, YOU MUST COMPLETE THIS SECTION (THE APPLICANT SECTION) AND THE "OWNER" (SECOND PAGE)
OWNER'S AGENT: IF YOU ARE APPLYING FOR THIS PERMIT ON BEHALF OF THE OWNER OF THE PROPERTY, YOU WILL BE REQUIRED TO PROVIDE **PROOF THAT YOU ARE AUTHORIZED TO ACT AS THE OWNER'S AGENT**

APPLICANT SIGNATURE:	APPLICANT NAME (PLEASE PRINT):	DATE:
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OWNER	COMPLETE THIS SECTION ONLY YOUR IF YOU ARE THE OWNER OF THE PROPERTY DOING OWN WORK AND ARE NOT SUBJECT TO LICENSURE AS A CONTRACTOR OR SUBCONTRACTOR.		
	If you are an owner and intend to do the work or subcontract the work, the owner is required to certify that you are the owner of this tract or parcel of land, that you have applied for this permit, and are not subject to licensing as a contractor or subcontractor. Signing below and obtaining the permit in your name, designates you, as the owner, responsible for the quality of the work and compliance with applicable state and local codes, and acknowledges your compliance with the Section 54.1-1111 of the Code of Virginia.		
	I, as the OWNER, will be responsible for the work performed on my property, and shall be responsible for compliance with all state laws regulating building construction and use, and compliance with all county ordinances.		
	OWNER OR AGENT SIGNATURE:	DATE:	NAME (PRINT):

COMMUNITY DEVELOPMENT OFFICE USE ONLY						
PERMIT TRACKING FORM ATTACHED (IF NOT, COMPLETE BELOW)					Y	N
APP/FEES	RCVD BY:	RCVD DATE:	BUSINESS LICENSE VERIFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NR	PLANS/SPECS SUBMITTED: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NR		
	PERMIT FEE AMT: \$	STATE LEVY AMT: \$	TOTAL FEE AMT: \$	PAID BY:		
	PROFFERS REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO	PROFFER AMT. PAID: \$	<input type="checkbox"/> CASH <input type="checkbox"/> CC <input type="checkbox"/> CHECK (CK # _____)	RCVD BY:		

APPLICANT NOTIFIED BY:	<input type="checkbox"/> PHONE <input type="checkbox"/> EMAIL <input type="checkbox"/> OTHER:	DATE:
PERMIT ISSUED BY:	<input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL <input type="checkbox"/> PICKED UP BY:	DATE: