

**CITY OF POQUOSON**COMMUNITY DEVELOPMENT DEPARTMENT
(757) 868-3035 TELEPHONE500 CITY HALL AVENUE, POQUOSON, VA 23662-1996
(757) 868-3105 FAX**PLUMBING PERMIT APPLICATION****PLEASE PRINT:**

DATE: _____ BLDG. PERMIT #: _____ PLUMBING PERMIT # _____

LOCATION: _____

OWNER: _____

CONTRACTOR: _____ CONTRACTORS LICENSE #: _____

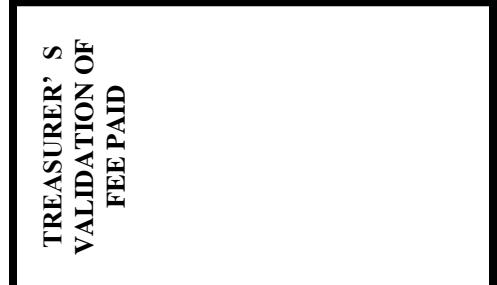
ADDRESS: _____

APPLICANT'S NAME: _____ PHONE #: _____

PERMIT FOR: (*CIRCLE ALL THAT APPLY*) ESTIMATED COST: \$ _____

NEW/SFD	RELOCATION/ ADDITION	SEWER/WATER ONLY GRINDER PUMP	TOTAL NUMBER OF FIXTURES:
TYPES OF FIXTURES TO COUNT: SINKS (KITCHEN, BATH, LAUNDRY), TUBS, SHOWERS, TOILETS, DISHWASHER, CLOTHESWASHER, HOT WATER HEATER, WATER SERVICE, SEWER CONNECTION, GAS CONNECTIONS, OUTSIDE FAUCETS			MULTIPLY TOTAL NUMBER OF FIXTURES BY \$10.00 ENTER IN FEE LINE BELOW (\$72.00 MINIMUM)
OTHER FIXTURES: _____			
SEWER CLEANOUT COVERS: _____ COST: \$30.00 each			

FEES	
TAX (2%)	
2.5% C.C.	
TOTAL FEE	\$ _____

**APPLICANT CERTIFIES THAT ALL INFORMATION GIVEN IS CORRECT AND THAT ALL PERTINENT PLUMBING CODES AND ORDINANCES WILL BE COMPLIED WITH IN PERFORMING THE WORK FOR WHICH THIS PERMIT IS ISSUED. PER 2018 VRC, ALL HOT AND COLD WATER LINES IN CRAWLSPACES MUST BE INSULATED.**

SIGNATURE OF CONTRACTOR OR AUTHORIZED REPRESENTATIVE

SIGNATURE OF PERMIT CLERK

CREDIT CARD PAYMENT VIA EMAIL/FAX**EMAIL/FAX RECEIPT TO:** _____**CHARGE TO (Name on Account):** _____**MAILING ADDRESS FOR CREDIT CARD IF DIFFERENT FROM ABOVE** _____**ACCOUNT #:** _____ **EXP. DATE:** _____ **CVV #:** _____