

PLUMBING INSPECTION

ADC Map Location			Job Site Contact Name & Phone #		Plumbing Permit #	Inspection Fee \$
------------------	--	--	---------------------------------	--	-------------------	-------------------

Map _____ Block _____ Parcel _____ Lot _____ Estimated Value \$: _____

Job Address _____

City _____ County _____ State _____

Owner/Occupant _____ Tenant _____

Type: Residential All Other Type of Work: New Building Addition to Building Other:

PLUMBING FIXTURES

Quantity	Description
_____	Backflow Preventor
_____	Bathroom Group
_____	Bidet
_____	Clean-Out
_____	Dishwasher
_____	Drinking Fountain
_____	Floor Drain/Sink
_____	HoseBib/Wall Hyd
_____	Ice Maker
_____	Lavatory
_____	Open Site Drain
_____	Roof/Surface Drain
_____	Shower
_____	Sink
_____	Meter
_____	Tub
_____	Urinal
_____	Washing Machine
_____	Water Closet
_____	Water Heater-Elec
_____	Sprinkler System (Lawn)

SEWER/WATER

_____	Building Sewer	_____	Sewer Repair
_____	Drain/Vent System	_____	Sewer Cap-off
_____	Storm Manhole	_____	Road/Sewer
_____	Water Service	_____	Excavation
_____	Fire Service	_____	Water Pipe
_____	Sewage Pump	_____	Grease Trap

GAS FIXTURES

_____	Gas Boiler	_____	Gas Dryer
_____	Gas Furnace	_____	Gas Kitchen Appliance
_____	Gas Log	_____	Gas Pool Heater
_____	Gas Oven	_____	Gas Rooftop Unit
_____	Gas Range	_____	Gas Water Heater
_____	Gas Space Heater	_____	

NEW CONSTRUCTION - RESIDENTIAL

_____	Gas Space Heater
_____	Gas Water Heater

OTHER

_____	Solar Heat
_____	Swimming Pool

Appl. Signature _____

Print Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Cell # _____

Prof. License # _____ Exp. Date _____

Additional Comments/Instructions:

SPACE BELOW FOR AGENCY'S USE ONLY

Progress Status:

Rough

Progress

LKD

Incomplete

Violation Other Side

Inspectors Signature _____ Date _____

Invoice #: _____ Check #: _____

Invoice Date: _____