



PLUMBING PERMIT

JURISDICTION OF CITY OF LA GRANGE

Job Address: _____ RESIDENTIAL COMMERCIAL INDUSTRIAL

OWNER
 Name: _____ Phone: _____
 Mailing Address: _____ Email: _____
 City: _____ State: _____ Zip: _____

CONTRACTOR
 Name: _____ Registration No.: _____
 Mailing Address: _____ Phone: _____
 City: _____ State: _____ Zip: _____ Email: _____

ARCHITECT/DESIGNER
 Name: _____ Registration No.: _____
 Mailing Address: _____ Phone: _____
 City: _____ State: _____ Zip: _____ Email: _____

ENGINEER
 Name: _____ Registration No.: _____
 Mail Address: _____ Phone: _____
 City: _____ State: _____ Zip: _____ Email: _____

Class of work: NEW ADDITION REMODEL REPAIR

Scope of work:

OFFICE USE ONLY			
PERMIT FEES			
No.	Type of Fixture or Item	Fee	
	Water Closet (Toilet/Bidet)	4.00	\$
	Bathtub	4.00	
	Lavatory (Wash Basin)	4.00	
	Shower	4.00	
	Kitchen Sink & Disposal	4.00	
	Dishwasher	4.00	
	Clothes Washer	4.00	
	Water Heater	3.75	
	Urinal	4.00	
	Drinking Fountain	4.00	
	Floor Sink or Drain	4.00	
	Mop Sink	4.00	
	Hose Bib	4.00	
	Water Piping & Treating Equip.	7.50	
	Waste Interceptors	3.75	
	Vacuum Breakers	3.75	
	Sewer	7.50	
	Septic Tank & Pit	7.50	
	Lawn Sprinkler System		
	1-15 Sprinkler Heads	15.00	
	16-50 Sprinkler Heads	30.00	
	51-100 Sprinkler Heads	60.00	
	Over 100 Sprinkler Heads	75.00	
PERMIT		\$	15 00
TOTAL FEES		\$	

NOTICE

SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING OR AIR CONDITIONING. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 1 YEAR AT ANY TIME AFTER WORK IS COMMENCED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT, THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT _____ (DATE) _____

SIGNATURE OF OWNER (IF OWNER BUILDER) _____ (DATE) _____

APPLICATION ACCEPTED BY:	PLANS CHECKED BY:	APPROVED FOR ISSUANCE BY: