

PLUMBING PERMIT APPLICATION

Permit Number PLM _____ Permit Fee \$ _____ Date _____

A. ADDRESS

 NUMBER N-S-E-W STREET NAME APT #
 IF THIS BUILDING HAS MULTIPLE ADDRESSES:
 LOWEST NUMBER _____ HIGHEST NUMBER _____

B. OWNER OF THE PROPERTY:
 NAME _____
 ADDRESS _____
 NUMBER N-S-E-W STREET NAME APT #
 CITY STATE ZIP CODE
 TELEPHONE NUMBER (_____) _____
 EMAIL ADDRESS _____

C. USE OF STRUCTURE: (CHECK ONE)
 _____ 1) ONE FAMILY _____ 2) TWO FAMILY
 _____ 3) NON-RESIDENTIAL _____ 4) MULTI-FAMILY/CONDOS
 (3 OR MORE UNITS)

D. PERMIT TYPE: (CHECK ONE)
 _____ 1) ALTERATION/REMODEL
 _____ 2) ADDITION
 _____ 3) NEW INSTALLATION
 _____ 4) UNDERSLAB ONLY
 _____ 5) WATER HEATER

E. DETAILED SCOPE OF WORK:

F. Will any electrical work be accomplished under this permit?
 _____ YES _____ NO

G. PLUMBING CODE USED:
 _____ Indiana Plumbing Code
 _____ Indiana Residential Code

H. VALUE OF PLUMBING WORK: \$ _____

I. CONSTRUCTION DESIGN RELEASE: _____

J. STRUCTURAL PERMIT NUMBER: _____

K. STRUCTURAL PERMIT FEE: \$ _____

L. NUMBER OF FIXTURES: _____

M. SQUARE FOOTAGE: _____

N. Is this scope of work only extending a new gas line to service a listed appliance?
 _____ YES _____ NO

O. CONTRACTOR RESPONSIBLE FOR PLUMBING PERMIT:
 If the applicant is obtaining the permit for a contractor which is licensed with the Department of Business and Neighborhood Services, please complete the following information:

 Business Name
 Business License Number: _____

I AFFIRM, UNDER PENALTIES OF PERJURY, THAT THE FOREGOING REPRESENTATIONS ARE TRUE.

 Applicant Name
 _____ Date _____
 Applicant Signature
 Applicant License Number: _____
 Applicant Email Address: _____
 Telephone Number: (_____) _____
 Fax Number: (_____) _____

Plumbing Permit Application

This application is used for all plumbing activity whether in a Class 1 or Class 2 structure. One permit application is needed per structure.

Permit Number

This is your building permit number. You will use this number when requesting inspections.

Permit Fee

This is the cost of your permit. If you fax in your permit payment must be received within 5 days of issuance.

Address

This is the legal address of the structure.

Multiple Addresses

If the structure has multiple addresses that you will be performing work in, be sure to include the lowest number to the highest number.

Owner of Property

The name, address, and contact information of the property owner is needed.

Use of Structure

Select only one option. If the structure is a mixed use (commercial and residential) select non-residential. A condo in a building that has more than two units is multi-family.

Permit Type

Only one permit type can be selected per application. Select the permit that most reflects the work you will be doing.

Electrical Work

If you will be doing any electrical work related to your plumbing permit select yes, if not select no.

Plumbing Code

The code you will be doing your work under is what must be selected.

Value of Plumbing Work

This is the value of the work you are getting the permit for.

Construction Design Release

This is needed for most Class 1 projects. This is obtained from the Indiana Department of Homeland Security. The release number from the letter is what is put here.

Structural Permit Number

If structural permit was obtained for the area you are working in you must provide the structural permit number.

Structural Permit Fee

This is the structural permit fee only and does not include application fee or review fees.

Number of Fixtures or Square Footage

Fixtures is needed for Class 1 and square footage for Class 2, not

Detailed Description

A detailed description of the work that will be done under the permit is needed.

Gas Line

If you are obtaining this permit simply to extend a gas line for an appliance select yes, if not select no.

Business Information

Please put your business name and license number as it appears on your City of Indianapolis license card.

Applicant Information

Only individuals who have been authorized to obtain permits for the company may apply for permits. These agents for the company must put their name and license number as it appears on their City of Indianapolis license card. An email address, phone number, and/or fax number is needed for each agent so we may contact them if necessary.

<h2 style="text-align: center;">PLUMBING PERMIT APPLICATION</h2> <p style="text-align: center;">If faxed, payment must be received in 5 business days.</p>	
Permit Number PLM _____ Permit Fee \$ _____ Date _____	
A. ADDRESS NUMBER N-S-E-W STREET NAME APT # _____ IF THIS BUILDING HAS MULTIPLE ADDRESSES: LOWEST NUMBER _____ HIGHEST NUMBER _____	H. CONSTRUCTION DESIGN RELEASE: _____ I. STRUCTURAL PERMIT NUMBER: _____ J. STRUCTURAL PERMIT FEE: \$ _____ K. NUMBER OF FIXTURES: _____ L. SQUARE FOOTAGE: _____
B. OWNER OF THE PROPERTY: NAME _____ ADDRESS _____ NUMBER N-S-E-W STREET NAME APT # _____ CITY _____ STATE _____ ZIP CODE _____ TELEPHONE NUMBER (_____) _____ EMAIL ADDRESS _____	M. DETAILED SCOPE OF WORK: _____ _____ _____ _____ _____
C. USE OF STRUCTURE: (CHECK ONE) <input type="checkbox"/> 1) ONE FAMILY <input type="checkbox"/> 2) TWO FAMILY <input type="checkbox"/> 3) NON-RESIDENTIAL <input type="checkbox"/> 4) MULTI-FAMILY (2 OR MORE UNITS)	N. Is the scope of work only extending a new gas line to service a listed appliance? <input type="checkbox"/> YES <input type="checkbox"/> NO
D. PERMIT TYPE: (CHECK ONE) <input type="checkbox"/> 1) ALTERATION/REMODEL <input type="checkbox"/> 2) COMMERCIAL ACCESSORY <input type="checkbox"/> 3) COMMERCIAL ADDITION <input type="checkbox"/> 4) CONNECTION, RECONNECTION <input type="checkbox"/> 5) NEW INSTALLATION <input type="checkbox"/> 6) RESIDENTIAL ACCESSORY <input type="checkbox"/> 7) RESIDENTIAL ADDITION <input type="checkbox"/> 8) UNDERSLAB ONLY <input type="checkbox"/> 9) WATER HEATER	O. CONTRACTOR RESPONSIBLE FOR PLUMBING PERMIT: If the applicant is obtaining the permit for a contractor which is licensed with the Department of Business and Neighborhood Services, please complete the following information: Business Name _____ Business License Number: _____ I AFFIRM, UNDER PENALTIES OF PERJURY, THAT THE FOREGOING REPRESENTATIONS ARE TRUE. Applicant Name _____ Applicant Signature _____ Date _____ Applicant License Number: _____ Applicant Email Address: _____ Telephone Number: (_____) _____ Fax Number: (_____) _____
E. Will any electrical work be accomplished under this permit? <input type="checkbox"/> YES <input type="checkbox"/> NO	
F. PLUMBING CODE USED: <input type="checkbox"/> Indiana Plumbing Code <input type="checkbox"/> Indiana Residential Code	
G. VALUE OF PLUMBING WORK: \$ _____	
Department of Business and Neighborhood Services, 1200 Madison Ave, Suite 100, Indianapolis, IN 46225 PHONE: (317) 327-8700 • FAX: (317) 327-6397 www.Indy.gov/permits	

5/18/2018