PLEASE CALL FOR FINAL INSPECTION

PLUMBING AND HEATING PERMIT

City of Dover

Permitsandlicenses@doverde.gov

Before You Dig
Call Delmarva 811
1-800-282-8555

DATE RECEIVED: _____

DATE ISSUED: _____

PLEASE ATTACH
PUBLIC WORKS FORM

A. **IDENTIFICATION– APPLICANT**: COMPLETE ALL APPLICABLE INFORMATION. WHEN READY FOR INSPECTION OR WHEN CHANGING CONTRACTORS CALL 302-736-7011. 24 HOURS IN ADVANCE

Work Site Location _____

Subdivision _____ Lot No. _____

Owner _____

Address _____

_____

Telephone (____) _____

Contractor _____

Address _____

_____

Telephone (____) _____

Dover Business License No._____ State Business License No._____

B. PLUMBING CHARACTERISTICS

Building Use: _____

Building Sewer Size _____

Water Service Size _____

Estimated Cost of Plumbing Work $_____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and will perform all work in accordance with the applicable Codes and Ordinances.

_____ _____

PRINT NAME SIGNATURE– CONTRACTOR SEAL

( ) Licensed Plumbing Contractor ( ) Exempt Applicant

Office Use Only Flood Plain Y N Taxes Y N Public Works Y N Code Enforcement Y N

D. TECHNICAL SITE DATA (List all fixtures)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Closet	_____
_____	Urinal/Bidet	_____
_____	Bath Tub	_____
_____	Garbage Disposal ($35 each)	_____
_____	Shower	_____
_____	Sink	_____
_____	Dishwasher	_____
_____	Drinking Fountain	_____
_____	Washing Machine	_____
_____Feet	Gas Piping, Interior	_____
_____Feet	Fuel Oil Piping	_____
_____	Water Heater ($35 each)	_____
_____	Sewer Pump	_____
_____	Grease Trap	_____
_____Feet	Sewer Connection	_____
_____Feet	Water Service Connection	_____
_____Feet	Gas Service Connection	_____
_____	Other	_____
	HVAC DATA	_____
_____	Type A/C	_____
_____	Tons A/C	_____
_____	Type Heat	_____
_____	BTU Heat	_____
_____	Fuel Supply	_____
_____	Type Chimney	_____
_____	Other	_____

Paid ( ) Check # _____ Credit Card _____ Cash _____

Collected by: _____ **TOTAL** $_____