

TOWN OF HIGHLAND
 APPLICATION FOR PLUMBING PERMIT
 PHONE 219-972-7595 FAX 219-972-5097



Date: ____ / ____ / ____

CONTRACTOR'S NAME: _____

PHONE # _____

PROPERTY OWNER: _____

PHONE # _____

PROJECT ADDRESS: _____

DESCRIBE WORK TO BE DONE: _____

If this is a remodeling permit will there be more than 2 inspections? ____ If yes, how many? _____

Indicate "N" and the number of any new fixtures to be installed and "R" and the number of any fixtures that are being replaced:

- | | | | |
|--|------------------------|-------------------------------------|--------------------------|
| _____ Sinks | _____ Laundry Tubs | _____ Auto. Washer | _____ Slop Sink |
| _____ Closets | _____ Floor Drains | _____ Auto. Dishwasher | _____ Boiler |
| _____ Showers | _____ Lavatories | _____ Air Cond. Drain | _____ Sump Pump |
| _____ Bath Tubs | _____ Garbage Disposal | _____ Open Hub Drains | _____ Water Heater |
| _____ Urinal | _____ Outside Spigot | _____ Ejector Pump | _____ Backflow Preventor |
| _____ Dual Check Valve | _____ Expansion Tank | _____ PVB (Pressure Vacuum Breaker) | (usually lawn sprinkler) |
| _____ RPZ (Reduced Pressure Zone) (usually commercial/public applications) | | | |

Misc. Fixtures: _____

Handicapped Fixtures (commercial only) _____ Are these listed above? _____

Sanitary Sewer Tap _____ Storm Sewer Tap _____ Water Tap _____

Water Meter Size _____ Septic Tank (If applicable) Size _____

Will there be a lawn sprinkler system installed? _____ # of Heads _____

Will there be a fire sprinkler system installed? _____ # of Heads _____

Will there be an underground inspection required? _____

ALL WATER & VENT PIPING MUST BE WATER TESTED.

Contractor's Signature: _____