



CITY OF BAYTOWN

PLUMBING / GAS PERMIT APPLICATION

PLUMBING PERMIT NO. _____

BUILDING PERMIT NO. _____

ADDRESS OF PROJECT: _____ SUBDIVISION: _____

OWNERS NAME: _____ PHONE: (____) _____

OWNERS ADDRESS: _____

CITY _____ STATE _____ ZIP _____

CONTRACTOR NAME: _____ PHONE: (____) _____

STREET ADDRESS: _____

CITY _____ STATE _____ ZIP _____ STATE LICENSE NUMBER _____

____ RESIDENTIAL _____ COMMERCIAL _____ MANUFACTURED HOME

COST OF IMPROVEMENT \$ _____ Sq. Ft. OF BUILDING: _____

DESCRIPTION OF IMPROVEMENT: _____

QTY		QTY	
	Backflow Prevention Device		Sewer line ___ New ___ Replacement
	Bathtubs		Sewer Tap
	Clothes Washer		Shower
	Drinking Fountain		Sinks
	Drain (type) _____		Storm Sewer ___ New ___ Replacement
	Fire Protection System		Swimming Pool Supply/Drain
	Gas Piping System No. Openings		Water Closets
	Grease Trap/Sample Well		Water Heater ___ New ___ Replacement
	Hose Bibs		Water Meter Inspection
	Lawn Sprinkler System		Water Service Line ___ New ___ Replacement
	Lavatories		Water Tap
	Urinal		Other

ADDRESS NUMBERS MUST BE POSTED DURING CONSTRUCTION AND PERMANENTLY AT TIME OF FINAL INSPECTION.

MASTER PLUMBERS SIGNATURE _____ DATE _____

APPLICANTS PRINTED NAME _____

Personal installation by owner under the homeowner's rights, shall be by himself, for himself, on his own homestead premises and no person shall be employed to assist him in any way on such work.



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I, _____, do hereby certify that I am the homeowner, residing in the home, and accept full responsibility for the above described work.

HOMEOWNER SIGNATURE _____ DATE _____