 **RESIDENTIAL** **PLUMBING PERMIT**

290 E LINDEN AVE INSPECTION LINE: 208-417-7176

CHUBBUCK ID 83202 OFFICE LINE: 208-237-2430

 E-MAIL: permits@cityofchubbuck.us

Plumbing Permit Number **CP22-**\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| PROJECT ADDRESS: |  | DESCRIPTION OF WORK |
| Application Date: |  |
| Project Name |  |
| Permit Type |  |
|  |  |
|  |  |  |  |
|  |  | State Contractor # |  |
| **OWNER** |  | **CONTRACTOR** Name: |  |
| Name: |  | Business Name: |  |
| Street Address: |  | Street Name: |  |
| City, State Zip: |  | City, State Zip |  |
| Phone Number: |  | Phone Number: |  |
|  |  | Cell Phone : |  |
|  |  | E-mail: |  |
|  |  | Fax: |  |
|  |  |  |  |
|  |  |  |  |
| **ISSUE FEES** | **Quantity** | **Unit price** | **Total** |
| Base Fee |  | $30.00 |  |
| Plumbing Fixtures Count |  | $6.00 |  |
| Water Heater Replacement |  | $15.00  |  |
| \*Lawn Sprinklers (Backflow Preventer Device) |  | $15.00 |  |
| Water Line Separate |  | $25.00 |  |
| Sewer Line Separate |  | $25.00  |  |
| Water & Sewer Together |  | $40.00 |  |
| **TOTAL** |  |  |  |

\*Initial Here: After completion, I will submit the Backflow Test results from a Certified Tester, along with a description of the type and location of the device to the City of Chubbuck.

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