

POLK COUNTY PUBLIC WORKS
5885 NE 14TH STREET, DES MOINES, IA 50313
PLUMBING PERMIT

PERMIT NO: PLM 20 _____

PLEASE PRINT OR TYPE – DO NOT TEAR APART UNTIL PERMIT NUMBER HAS BEEN ISSUED

JOB SITE ADDRESS: _____ TOWNSHIP: _____

OWNER: _____

THE UNDERSIGNED HEREBY MAKES APPLICATION TO PERFORM WORK AS DESCRIBED HEREON:

DWELLING: NEW ____ EXISTING ____ **ACCESSORY STRUCTURE:** NEW ____ EXISTING ____

OTHER/COMM: NEW ____ EXISTING ____

***REQUIRED INFORMATION**

PLUMBING
CONTRACTOR NAME: _____

***STATE MASTER
LIC # & EXP DATE:** _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ PHONE: (____) _____-

____ I affirm the work described in this application is accurate and correct to the best of my knowledge and belief and that I am licensed to perform plumbing work.

____ I affirm the work described in this application is accurate and correct to the best of my knowledge and belief and that I am the owner of this dwelling performing work on my new home.

I understand **work must commence within 180 days from the permit issuance date, and be completed and inspected within one year from the issue date**, or this permit will be null and void.

I understand all work must be inspected and approved by Polk County prior to concealing any installation **and I must call for the final inspection for the plumbing permit**. I further understand that a Certificate of Compliance is required in accordance with applicable codes and ordinances.

Printed Name of Contractor

Signature of Contractor

Date

Call 286-3352 by 9 A.M. for an inspection on the same day.

Description of Work	No.	Fee Each	Total
Water Service – Installation, Change, Repair		\$50.00	
Sewer Service – Installation, Change, Repair		\$50.00	
Fixtures:			
<input type="checkbox"/> Backflow Preventer		\$7.50	
<input type="checkbox"/> Sewage Eject			
<input type="checkbox"/> Dishwasher			
<input type="checkbox"/> Sink			
<input type="checkbox"/> Drinking Fountain			
<input type="checkbox"/> Sump Pump			
<input type="checkbox"/> Floor Drain			
<input type="checkbox"/> Tub/Shower			
<input type="checkbox"/> Garbage Disposal			
<input type="checkbox"/> Urinal			
<input type="checkbox"/> Grease Trap			
<input type="checkbox"/> Water Closet			
<input type="checkbox"/> Lavatories			
<input type="checkbox"/> Water Heater			
<input type="checkbox"/> Roof Drain			
<input type="checkbox"/> Water Softener			
<input type="checkbox"/> Fixtures Not Listed			
Reconstruction – Drain, Stack, Vent		\$45.00	
SubTotal			
Basic Fee			\$30.00
Total Fee			

Date: ____/____/____ Initials: _____ Cash ____ Check _____ Receipt #: _____