



Polk County Public Works
 5885 NE 14th Street
 Des Moines, IA 50313
 Phone: 515-286-3705
 FAX: 515-286-3437
 Email: publicworks@polkcountyiowa.gov

Permit # _____

Plumbing Permit Application

Owner of the Job Site Property:	
Job Site Address:	
Parcel Number (If site has no address):	Name of License Holder:
Company Name:	State Contractor License Number & Expiration Date
Company Address (City, State, Zip)	State Master A or B License Number & Expiration Date
Phone Number:	Email:
Work being done on property and in what structure on property:	

Permit Type (Please Check Appropriate Box)

Commercial Residential

Work Class (Please Check Appropriate Box)

Additions/Alterations New Construction Repair Water Service Tenant Improvement

Description of Work	Quantity	Fee Each	Total
Water Service (check one): Change Disconnect Installation Repair			
Is any work proposed within the road right of way? Yes No			
If yes, then a Right-of-Way Use Grant Permit is required			
Sewer Service (check one): Installation Change or Repair			
If this is a new sewer connection, a Sanitary Sewer Connection Permit is required			
Fixtures at \$8.50 Each (Enter the Number of Each Item Below)			
Backflow Preventer	Dishwasher	Sewage Eject	Water Closet(s)
Drinking Fountain	Sand/Oil Interceptor	Sink(s)	Water Heater(s)
Floor Drain	Laboratories	Tub(s)/Shower(s)	Water Softener
Garbage Disposal	Roof Drain	Urinal(s)	Fixtures Not Listed
Grease Trap	Sump Pump		
	Quantity	Fee Each	Total
Total Number of Fixed Appliances (Calculated from those listed above)			
Reconstruction - Drain, Stack, Vent			
		Subtotal	
		Basic Fee	
		Total Fees	

Sand/oil interceptor is required for ALL drain systems installed in commercial establishments, whether new or existing.

The undersigned hereby makes application to perform work as described herein:

I affirm the work described in this application is accurate and correct to the best of my knowledge and that **the aforementioned license holder is licensed** to perform plumbing work.

I affirm the work described in this application is accurate and correct to the best of my knowledge and that **I am the owner** of this dwelling performing work on my existing home or accessory building.

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.

Print Name

Signature

Date