



Polk County Public Works
 5885 NE 14th St. Des Moines, IA 50313
 Ph: (515)286-3705 Fax: (515)286-3437
 Email: publicworks@polkcountyia.gov
Plumbing Permit Application

Permit # _____

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 No. & Exp. Date:
Company Address (City, State, & Zip):	State Master A or B License No. & Exp. Date:
Phone Number:	Email:

Permit Type (Please Check Appropriate Box)

Commercial: Residential:

Work Class (Please Check Appropriate Box)

Alteration: New Construction: Repair: Tenant Improvement: Water Service:

Description of Work	No.	Fee Each	Total
Water Service – Change, Disconnect, Installation, Repair (PLEASE CIRCLE ONE) Is any work proposed within the road right of way? Yes No (If yes, then a Right-of-Way Use Grant Permit is also required.)			
Sewer Service – Installation, Change or Repair If this is a new sewer connection, a Sanitary Sewer Connection Permit must also be completed.			
Fixtures at \$7.60 a piece (Below - Enter Number of Each)			
Backflow Preventer:	Sewage Eject:		
Dishwashers:	Sinks:		
Drinking Fountains:	Sump Pumps:		
Floor Drains:	Tub/Showers:		
Garbage Disposals:	Urinals:		
Grease Traps:	Water Closets:		
Sand/Oil Interceptor:	Water Heaters:		
Lavatories:	Water Softeners:		
Roof Drains:	Fixtures Not Listed:		
Total Number of Fixed Appliances (Calculated from those listed above)			
Reconstruction – Drain, Stack, Vent			
Subtotal			
Basic Fee			
Total Fee			

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 _____