

City of Baxter
APPLICATION FOR PLUMBING PERMIT

Application Date: _____ Permit No. _____

Address: _____ New: _____ Remodel: _____

OWNER

Name: _____

Address: _____

City/State/Zip: _____ Phone: _____

Contact Person: _____

CONTRACTOR

Name: _____

Address: _____

City/State/Zip: _____ Phone: _____

Contact Person: _____ License Number: _____ Expiration Date: _____

Class of Work: New _____ Addition _____ Alteration _____

Building Use: Residential: _____ New: _____ Existing: _____

Commercial: _____ Industrial _____

Sq. footage Residential _____ Industrial/ Commercial (Enclosed with roof and four walls) _____

Comments: _____

Ready for Inspection: _____ Will Call: _____

COST OF JOB (equip – install-labor) _____ Date/Issue: _____

COST OF PERMIT: _____ Approved by: _____

Owner /Contractor Signature: _____ CALL FOR INSPECTION: