



# PLUMBING PERMIT APPLICATION

City of Del Rio, Code Compliance Department, 109 W. Broadway (mailing), 114 W. Martin  
Tel: (830) 774-8553 Fax (830) 775-5305

### PERMIT #

TYPE OF PERMIT \_\_\_\_\_  
 PROJECT ADDRESS \_\_\_\_\_  
 OWNER NAME \_\_\_\_\_  
 OWNERS ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 PHONE \_\_\_\_\_  
 CONTRACTOR \_\_\_\_\_ PHONE \_\_\_\_\_  
 CONTRACTOR ADDRESS \_\_\_\_\_  
 CONTRACTORS IL# \_\_\_\_\_ EXP. DATE \_\_\_\_\_

VALUATION \$ \_\_\_\_\_ COM/RESIDENTIAL \_\_\_\_\_  
 BACKFLOW DEVICE YES \_\_\_ NO \_\_\_ TYPE \_\_\_\_\_  
 BPAT LIC. NUMBER \_\_\_\_\_ EXP. DATE \_\_\_\_\_

LIC. EXP. DATE \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ PHONE # \_\_\_\_\_  
 TYPE OF CONSTRUCTION \_\_\_\_\_  
 WRITTEN CONTRACT W/ OWNER YES \_\_\_ NO \_\_\_  
 VALUATION \$ \_\_\_\_\_ =====

**THIS PERMIT APPLICATION SHALL BE COMPLETED AND SIGNED BY CONTRACTOR PRIOR TO OBTAINING PERMIT.**

CONTRACTOR SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

I hereby certify that I am an authorized agent of the owner, and have the owner's consent to enter the property to complete the work. After close review of this application, I further certify that all the information provided is true and correct to my knowledge

ALL PLUMBING SHALL BE INSTALLED IN ACCORDANCE WITH 2015 INTERNATIONAL PLUMBING CODE.  
PERMIT APPLICATION SHALL BE COMPLETED BY MASTER PLUMBER PRIOR TO OBTAINING PERMIT. ALL PLAN REVIEWS SUBMITTED MAY TAKE UP TO 5 – 7 BUSINESS DAYS FOR APPROVAL.

[1] ALL PLUMBING PLANS SHALL INCLUDE SIZING OF THE BUILDING DRAIN/SEWER AND RISER DIAGRAM OF DWV.

[2] WATER LINE SIZING FROM METER TO FURTHEST FIXTURE.

[3] WATER HEATER DETAIL

[4] GREASE TRAP SIZING IF APPLICABLE

[5] GAS LINE SIZING AS PER 2015 IFGC.

TYPE OF CONSTRUCTION/ NEW \_\_\_\_\_ REMODEL \_\_\_\_\_  
NUMBER OF FIXTURES;  
WATER CLOSETS \_\_\_ LAVATORIES \_\_\_ SINKS \_\_\_ WATER HEATER  
\_\_\_\_\_  
TUBS \_\_\_ SHOWERS \_\_\_ JACUZZI \_\_\_ WASHER HOOKUP \_\_\_  
WATER LINE \_\_\_ SEWER LINE \_\_\_ CROSS CONNECTION INSP. \_\_\_  
WATER SOFTNER \_\_\_\_\_ NUMBER OF INSPECTIONS \_\_\_\_\_

MANUFACTURED HOUSING / WATER \_\_\_ SEWER \_\_\_ C/C INSP. \_\_\_  
WATER AND SEWER MUST BE COMPLETED BEFORE FINAL INSP.

GAS INSPECTION NEW \_\_\_ REPAIR \_\_\_ YEARLY TEST \_\_\_  
WATER HEATER SHALL BE UPGRADED PRIOR TO INSPECTION.

I HAVE READ THE RULE REQUIREMENTS AND AGREE TO COMPLY WITH ALL PLUMBING REGULATIONS.

CONTRACTOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_