



CITY OF MANASSAS
DEPARTMENT OF COMMUNITY DEVELOPMENT
PLANNING & DEVELOPMENT
 9027 Center Street, 2nd Floor
 Manassas, VA 20110
 Phone: 703-257-8278 Fax: 703-257-5831
www.manassasva.gov/permits
 Email: permitstatus@manassasva.gov

FOR STAFF USE ONLY

APPLICATION NUMBER _____
 BUILDING APPROVAL _____ APPROVAL DATE _____
 ZONING APPROVAL _____ APPROVAL DATE _____
 TOTAL OCCUPANCY _____ TOTAL PERMIT FEES \$ _____

PLUMBING PERMIT APPLICATION

Owner/Property Information

Property Address _____ Subdivision / Project Name _____
 Property Owner Name _____ Property Owner Email Address _____ Property Owner Phone Number _____

Project Information

Tenant Name _____
 New Addition Alteration/Repair Other _____
 Residential Non-Residential
 Has a building permit been submitted? Yes No If yes, please provide Building Permit Number _____
 Plans and Specifications attached Value of Work or Contract Cost: \$ _____

Project Description: _____

Applicant Information

Applicant Name _____ Date of Application _____
 Applicant Email Address _____ Applicant Phone Number _____

Contractor Information

Contractor Name _____ Contractor Email Address _____ Contractor Phone Number _____
 State Contractor License Number _____ License Expiration Date _____ Classification _____
 Applicant Waiver Provided
 * FEES WAIVED
 City Business License Number _____ License Expiration Date _____
 *Note: City Business License Number is required if office is located in City OR if work inside the City exceeds \$25,000 in a calendar year or per permit/job

Project Disclaimer and Signature

I hereby certify that I am the owner of record for the property listed on this application, or that have been authorized by the owner to make application as their authorized agent. I hereby certify that all information provided for the issuance of this permit is true and accurate and agree to conform to all applicable laws of the City of Manassas. For the work described in this application, I authorize the code official or their authorized representative to have the authority to enter areas covered by this permit at any reasonable time to inspect and enforce the provisions of the code.

Signature: _____ Date: _____

Using Fee Schedule, Include Quantity/Cost Where Applicable

	<u>Quantity</u>		<u>Fee Total</u>
Residential Plumbing: (R-5 Construction Type Only):	Flat Fee	\$100.00	\$ _____
Commercial Plumbing (All except R-5):			
Total Units: _____		\$110.00 per unit	\$ _____
Bathroom #1 Total Fixtures: _____		\$7.00 per fixture within each unit	\$ _____
Bathroom #2 Total Fixtures: _____		\$7.00 per fixture within each unit	\$ _____
Bathroom #3 Total Fixtures: _____		\$7.00 per fixture within each unit	\$ _____
Bathroom #4 Total Fixtures: _____		\$7.00 per fixture within each unit	\$ _____
Water Service (New, Replacement or Repair):	Flat Fee	\$75.00	\$ _____
Hot Water Heater/Water Softener:	Flat Fee	\$75.00	\$ _____
		TOTAL FEES	\$ _____