



PLUMBING APPLICATION

Today's Date _____ Building Permit # _____

Applicant's /Contractor's Name: _____

Applicant's Address: _____ City: _____ State: _____ Zip Code: _____

Telephone (Day): _____ Email address: _____

Property Owner: _____

Property's Address: _____

Water Supply on site (check all that apply): Public (County or Town) Private Well

Work is for (check all that apply): Fire Sprinkler Irrigation System Swimming Pool/Hot Tub/Sauna Private Well
 Backflow Preventer Medical or Specialty Equipment Pier/Dock Grease Trap/Interceptor Water Heater

Backflow Tester's License info (or sub-contractor's name): _____

Is water heater over 199,000 BTU? (New installed) Yes _____ No _____

Description of work _____

Cost of job/contract amount \$ _____

RESIDENTIAL:

Number of Bathrooms (Full & Half- ½) (\$85 for 1 st bath; \$10 each additional Including ½ baths) (minimum \$85)	_____	\$85 first bathroom	=	\$ _____
	_____	Additional x \$10	=	\$ _____

GAS OUTLETS: \$10.00 per outlet

* Minimum \$85 permit fee	_____	X \$ 10.00	=	\$ _____
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COMMERCIAL:

\$85.00 + \$10.00 per Fixture	_____	X \$ 10.00	=	\$ _____
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STORM DRAINAGE:

Number of Structures	_____	X \$ 25.00	=	\$ _____
*Minimum \$85 permit fee				

Tech Fee (5.00%)	=	\$ _____
Surcharge (2.00%)	=	\$ _____
TOTAL	=	\$ _____

BUILDING OR STRUCTURE EQUIPMENT IS SUBJECT TO INSPECTION AT ANY TIME. OWNER/CONTRACTOR MUST NOT PROCEED WITH ANY WORK UNTIL THE REQUIRED INSPECTIONS ARE MADE & APPROVED LABELS POSTED.

**Email permit to: planreview@iwus.net or Mail to: Isle of Wight County, Attn: Central Permitting,
PO Box 80, Isle of Wight, VA 23397**

*Applicant's Signature: _____