



APPLICATION FOR PLUMBING PERMIT

Town of Cape Charles Building Department
Municipal Building
2 Plum Street
Cape Charles, VA 23310
(757) 331-2176 Fax (757) 331-4820
codeofficial@capecharles.org

PLEASE FILL OUT FORM COMPLETELY

Date _____

Building Permit Number: _____

(IF APPLICABLE)

Is there a current Sewer/Water Account open at this address? YES NO

A permit is hereby requested to install the following plumbing work at:

Street address: _____

Owner Name & Mailing Address: _____

Owner Phone #: _____

Builder: _____ Builder Phone #: _____

Building: New Existing Addition Moved

Building Type: Residential Commercial

Equipment: New Replacement Relocation

Please indicate the NUMBER and TYPE of FIXTURES to be installed:

Number of Full Baths: _____ Number of Half Bath: _____

Kitchen Sink		Kitchen Sink/Dishwasher		Bar Sink	
Mop Sink 2" Trap		Mop Sink 3" Trap		Laundry Tub	
Slop Sink 2" Trap		Slop Sink 3" Trap		2 Comp Sink	
3 Comp 1 1/2" Trap		3 Comp 2" Trap		Shampoo Sink	
Hand Sink		Lavatory		Eyewash	
Cuspidor		Vegetable Sink		Dipper Well	
Bidet		Bidet/Bathroom Grp		Urinal	
Pub Water Closet		Private Water Closet		Gas Water Heater	
Bathtub		Jacuzzi Tub		Shower	
Outside Shower		Footwash		Hose Bibb	
Dishwasher		Res Washing Mach		Water Pump	
Drinking Fountain		Ice Machine		Ice Cream Mach	
Electric Water Heater		Com Washing Mach		Grease Trap	
Drinking Fountain 2" Tap		Footwash 4" Trap		Baptismal	
Sump Pump		Force Main		Grinder Pump	
Oil/Water Heater		Sub Meter		Water Line	

Rough In Under Shell _____ Backflow Prev: RP _____ DC _____ PVB _____

Floor Drain/Floor Sink: 1-1/2" _____ 2" _____ 3" _____ 4" _____ 2 W/3" line _____

Floor Open Site Drain/Hub Drain: 1-1/2" _____ 2" _____ 3" _____ 4" _____ 6" _____

Water Line Replace Int _____ Ext _____ Sewer Line Replace _____ Clean Out _____

Water Conversion _____ Sewer Conversion _____ Clean out _____

On-site Water: 1 Building _____ 2 or More Buildings (indicate #) _____

On-site Sewer: 1 Building _____ 2 or More Buildings (indicate #) _____

Additional Information: _____

Applicant's Company Name: _____

State Registration # (Class A, B or C): _____

Email Address: _____ Fax #: _____

(Certified Master Tradesman) Signature: _____

Print Name: _____

Contract Value \$ _____ Fee \$ _____

I understand this permit is granted only for the work shown and described in this application.

Any falsification, misrepresentation or misleading information given VOIDS this permit.