

APPLICATION FOR PLUMBING PERMIT



CITY OF DELTA BUILDING DEPARTMENT
 360 MAIN STREET DELTA, COLORADO 81416
 (970) 874-7903, FAX (970) 874-6931

www.cityofdelta.net

JOB ADDRESS		DATE	
OWNER	ADDRESS	PHONE	
CONTRACTOR	ADDRESS	LICENSE NO.	PHONE
ENGINEER	ADDRESS	LICENSE NO.	PHONE
CLASS OF WORK: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR			
PROJECT DESCRIPTION:		USE OF BUILDING:	
COST OF MATERIALS: \$			
NO.	TYPE OF FIXTURE OR ITEM	REMARKS	
≡	Urinal		
≡	Water Closet (Toilet)		
≡	Lavatory (Wash Basin)		
≡	Bathtub		
≡	Shower		
≡	Kitchen Sink and Disposal		
≡	Dishwasher		
≡	Clothes Washer		
≡	Laundry Tray		
≡	Drinking Fountain		
≡	Floor Sink or Drain		
≡	Slop Sink		
≡	Sewer	CHECK IF NEW SERVICE ESTIMATED DATE OF COMPLETION _____	
≡	Water Heaters		
≡	Gas Piping Outlets		
≡	Waste Interceptors		
≡	Water Piping and Treating Equipment		
≡	Lawn Sprinklers		
≡	Vacuum Breakers (Hose Bibbs)		
≡	Backflow Preventers		
≡	Other		