



PLUMBING PERMIT APPLICATION TOWN OF GATES

ADDRESS OF PROJECT _____ DATE _____

OWNER NAME, ADDRESS & PHONE _____

FIXTURES	BASEMENT	1 FLOOR	2 FLOOR	3 FLOOR	AMOUNT
Closets					
Bath or Shower					
Lavatory					
Spas					
Bidet					
Sink					
Dishwasher					
Water Heater					
Laundry Tray					
Washing Machine					
Urinal					
Drinking Fountain					
Backflow Prev.					
Grease Trap					
Oil Seperator					

Permit Fee: Commercial \$80.00 Residential \$40.00 \$5.00 per fixture \$10.00 per drain

Print Licensed Plumber Name _____ Phone Number _____

Licensed Plumber Signature _____

Plumber's Address, Phone Number, Email _____

Value of Construction: \$ _____

FOR OFFICE USE ONLY: PERMIT FEE: _____