

PLUMBING PERMIT APPLICATION

City of Elkhart, Indiana
229 S. 2nd Street, Elkhart, IN 46516
Plumbing Inspector: Steve Bray
(574)294-5471 ext. 1003

OFFICE USE ONLY

PERMIT #:
ALT PARCEL #:
DATE ISSUED:
ACCEPTED BY:

PROPERTY OWNER INFORMATION

Owner's Name:

Phone #: Owner's Email Address:

Is Owner the Applicant? Yes No

PROPERTY INFORMATION

Property Address: # of Units: # of Stories:

Occupancy: Occupied Vacant How long has it been occupied/vacant?

DESCRIPTION OF WORK INFORMATION

Is this part of a larger project And/Or are you a subcontractor for a larger project? Yes No

Description of Work:

Enter the Quantity of Items that Apply (unless noted otherwise below, the first fixture has a fee of \$40 and each additional fixture is \$5/each):

<input type="checkbox"/> Backflow Preventer	<input type="checkbox"/> Bath Tub	<input type="checkbox"/> Bidet	<input type="checkbox"/> Boiler
<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Disposal	<input type="checkbox"/> Drinking Fountain	<input type="checkbox"/> Floor Drain
<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Interceptor	<input type="checkbox"/> Laundry Tub	<input type="checkbox"/> Lavatory
<input type="checkbox"/> Open Site Drain	<input type="checkbox"/> Service Connection	<input type="checkbox"/> Sewage Ejector	<input type="checkbox"/> Shower Stall
<input type="checkbox"/> Sink	<input type="checkbox"/> Sump Pump	<input type="checkbox"/> Urinal	<input type="checkbox"/> Washing Machine
<input type="checkbox"/> Water Closet	<input type="checkbox"/> Water Heater	<input type="checkbox"/> Water Pump	<input type="checkbox"/> Pool (\$60/each)

Any other break or connection into an existing house drain or building sewer

Gas Pressure Test

Private Sewer Fee: (First Connection: \$50, Each Additional Connection: \$5/each)

Water Softener: (Single Fixture: \$40, In addition to other fixtures: \$15/each)

Fuel Gas Piping: (1-20 Outlets: \$40, 21-100 Outlets: \$65, Over 100 Outlets: \$100)

AUTHORIZED USER/APPLICANT INFORMATION (complete below information if you are NOT the Licensee)

Authorized User Name:

Phone #: Authorized User Email Address:

CONTRACTOR INFORMATION

Licensee Name:

Company Name:

I acknowledge that it is my responsibility as the holder of this permit to request all inspections, further, I agree that all work, materials and construction shall be in accordance with all codes and ordinances adopted by the State of Indiana and the City of Elkhart. I hereby certify that all information that I have given herein is true and complete to the best of my knowledge and belief and that any false statement will be cause for voiding this application and permit.

HOMEOWNER'S AFFIDAVIT (FOR RESIDENTIAL PERMITS ONLY AND MUST BE APPROVED BY PLUMBING INSPECTOR): THIS

INSTALLATION IS BEING MADE ON A SINGLE FAMILY DWELLING THAT I OWN & OCCUPY OR INTEND TO OCCUPY, WHICH IS NOT INTENDED FOR SALE, LEASE, RENT, OR EXCHANGE. THIS WORK WILL BE COMPLETED BY THE UNDERSIGNED HOMEOWNER.

Licensee Signature

Date