

PLUMBING PERMIT APPLICATION

PERMIT
NUMBER



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PROPERTY OWNER

Name: _____
Address: _____ Phone: _____
City: _____ State: ____ Zip: _____
Email: _____

CONTRACTOR

Name: _____
Address: _____ Phone: _____
City: _____ State: ____ Zip: _____
VA Contractor's No: _____ Class: _____
Expiration: _____ Email: _____

SITE ADDRESS

Address: _____
City: _____ State: ____ Zip: _____

PROJECT

Cost: _____

STATE NATURE OF PROPOSED WORK

PLUMBING, LIST # OF:

Sinks: _____ Bathtubs: _____ Shower: _____
Toilets: _____ Washing Machine: _____ Dishwasher: _____ Garbage Disposal: _____
Sewer Pump: _____ Well Pump: _____
Backflow for Irrigation** : _____ ****manufacturer spec sheet must accompany application ****
Public Water: _____ Public Sewer: _____
Gas line: _____ Propane Natural Gas
Other: _____

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED FOR IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I CERTIFY THAT THE ESTIMATED COST SET FORTH ON THE REFERENCED PERMIT, FOR THE PURPOSE OF DETERMINING THE APPLICABLE PERMIT FEE, IS TRUE AND FACTUAL TO THE BEST OF MY KNOWLEDGE AND IT IS DETERMINED BY THE FOLLOWING: ACTUAL COST OF ALL LABOR AND MATERIALS INCLUDING ANY AND ALL FURNISHED BY OTHER THAN THE INSTALLER, SHALL BE INCLUDED IN SUCH COST. I HEREBY AGREE TO COMPLY WITH ALL PROVISIONS OF THE VIRGINIA UNIFORM STATEWIDE BUILDING CODE AND THE CURRENT EDITION OF THE NATIONAL ELECTRICAL CODE.

THIS PERMIT BECOMES INVALID IF AUTHORIZED WORK IS NOT COMMENCED WITHIN SIX MONTHS AFTER ISSUANCE.

PERMITS MUST BE OBTAINED BEFORE WORK IS COMMENCED. PERMIT FEES WILL BE DOUBLED FOR ANY WORK PERFORMED BEFORE PERMIT IS OBTAINED.

SIGNATURE OF APPLICANT/AGENT/OWNER

DATE

OFFICE ONLY

Permit Fee: \$ _____ Surcharge: _____ Zoning: _____
Date: _____ Check Cash

COMMISSIONER OF REVENUE OFFICE

Commissioner of Revenue: _____ Date: _____
Business License: Yes No N/A

DESCRIPTION OF PROPERTY

Tax Map Parcel Number: _____ Lot No.: _____ Zone: _____ Block: _____
District: _____ Subdivision: _____ Section: _____
Use Group: _____

BUILDING OFFICIAL

DATE

APPROVED DISAPPROVED