



**MOBILE COUNTY HEALTH DEPARTMENT
PLUMBING APPLICATION**

Permit Issuance Date: _____

Plumber/Business Name: _____ Permit #: _____

Job Location: Address: _____ Lot # _____ Block # _____
 Subdivision: _____ Unit # _____

Applicant: _____ Phone: _____

Owner/Builder: _____ Phone #: _____

Residential: Pier: Slab: Public Water: Well Public Sewer Septic Tank
 Lateral # _____ Approval # _____

Commercial: Name of Establishment _____

Plan Review Fee Paid: _____ < 1500 sq. ft \$75.00: ≥ 1500 sq. ft \$125.00:

Residential & Commercial ≤ 20 fixtures: (Commercial Establishments > 20 fixtures: complete back of form.)

<u>Type of Inspection</u>	<u>Inspections Requested \$50.00 each</u>	<u>Date/Time Inspection Performed</u>	<u>Plumbing Inspector</u>
Rough In/Below Floor	<input type="checkbox"/>	_____	_____
Top Out/Above Floor	<input type="checkbox"/>	_____	_____
Utilities*	<input type="checkbox"/>	_____	_____
Final	<input type="checkbox"/>	_____	_____
Other**	<input type="checkbox"/>	_____	_____

*Utilities Inspection, please specify: Water Sewer

**Other, please give details: _____

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Applicant Signature

No.	Description	Fee	Total
_____	Permit	\$15.00	_____
_____	Neutral Ground	\$10.00	_____
_____	Public Sewer	\$10.00	_____
_____	Commodes	\$10.00	_____
_____	Lavatories	\$10.00	_____
_____	Bathtubs	\$10.00	_____
_____	Shower-separate	\$10.00	_____
_____	Kitchen Sink	\$10.00	_____
_____	Washing Machine	\$10.00	_____
_____	Tank Water Heater	\$10.00	_____
_____	Tankless Water Heater	\$10.00	_____
_____	Dishwasher	\$10.00	_____
_____	Drinking Fountain	\$10.00	_____
_____	Bar Sink	\$10.00	_____
_____	Service sinks	\$10.00	_____
_____	Laundry tubs	\$10.00	_____
_____	Floor Drains	\$10.00	_____
_____	Grease Trap	\$10.00	_____
_____	Urinal	\$10.00	_____
_____	Water Piping	\$10.00	_____
_____	Inspections	\$10.00	_____
_____	Re-inspection Fee	\$50.00	_____
_____	Plan Review < 1500 Sq Ft.	\$75.00	_____
_____	Plan Review ≥ 1500 Sq Ft	\$125.00	_____
	Total		_____

Plumbing Inspector
Date: _____

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