

CITY OF LAKEWOOD

PLANNING AND PUBLIC WORKS DEPARTMENT
480 S Allison Parkway-Civic Center North
Lakewood, Colorado 80226-3127

Permit No. _____

B.P. No. _____

Date: _____

Inspections: 303-987.7768

Information: 303-987-7500

Fax: 303-987-7979

PLUMBING PERMIT APPLICATION

Permits will be returned by mail when applications are accompanied by permit fee and self-addressed envelope

Project Address _____	Property Owner or General Contractor and Phone No _____
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APPLICANT	Name of Person or Firm (Please Print) _____	<input type="checkbox"/> Owner <input type="checkbox"/> Contractor	License No. _____
	Address _____	Phones _____	
PROJECT DESCRIPTION	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Replace		Bldg. Dept. _____
	<input type="checkbox"/> One-Fam Res <input type="checkbox"/> __-Bed Nurse Home <input type="checkbox"/> Theater <input type="checkbox"/> Office <input type="checkbox"/> Garage <input type="checkbox"/> Two-Fam Res <input type="checkbox"/> __-Bed Hospital <input type="checkbox"/> Restaurant <input type="checkbox"/> Bank <input type="checkbox"/> Shop <input type="checkbox"/> __-Unit Apt <input type="checkbox"/> __-Pupil School <input type="checkbox"/> Lounge <input type="checkbox"/> Clinic <input type="checkbox"/> Factory <input type="checkbox"/> __-Rm Motel <input type="checkbox"/> __-Pupil Day Care <input type="checkbox"/> Store <input type="checkbox"/> Auto Service <input type="checkbox"/> Warehouse <input type="checkbox"/> __-Rm Hotel <input type="checkbox"/> __-Seat Church <input type="checkbox"/> Other (Describe) _____		<input type="checkbox"/> Approved <input type="checkbox"/> Refused
	COMPLETE THE DESCRIPTION OF THE WORK BELOW		By: _____ Date: _____
PLANS	For all work done under this permit the undersigned accepts full responsibility for compliance with the City of Lakewood Building Code and all other applicable state and city ordinances.		Estimated Value
	<input type="checkbox"/> NONE		\$ _____
	<input type="checkbox"/> WITH APPL.		Tax Exempt No _____
	<input type="checkbox"/> ON FILE		Permit Fee
Print Name (owner or contractor) _____		\$ _____	
Signature (owner or contractor) _____		TOTAL	\$ _____

PLUMBING INSTALLATION INFORMATION

COMPLETE APPLICABLE SECTIONS BELOW, INDICATE SYSTEM(S) AND CHECK ITEMS TO BE INCLUDED THEREIN

SYSTEMS:

- | | | |
|---|---|---|
| <input type="checkbox"/> WATER SERVICE:
<input type="checkbox"/> NEW
<input type="checkbox"/> EXISTING
<input type="checkbox"/> REPLACE
<input type="checkbox"/> DRAIN, WASTE & VENT:
MATERIAL _____
UNDERGROUND _____
<input type="checkbox"/> H & C WATER:
MATERIAL _____
<input type="checkbox"/> ROOF DRAINAGE (Interior)
<input type="checkbox"/> OTHER (Describe) : _____ | <input type="checkbox"/> SEWER:
<input type="checkbox"/> NEW
<input type="checkbox"/> EXISTING
<input type="checkbox"/> REPLACE
<input type="checkbox"/> DOMESTIC WATER HOOK-UP:
<input type="checkbox"/> LAWN SPRINKLER
<input type="checkbox"/> SWIMMING POOL
<input type="checkbox"/> COMPLETION OF EXISTING ROUGH-IN
(Check fixtures below)
<input type="checkbox"/> REPLACE FIXTURES, ETC (Checked below) | <input type="checkbox"/> GAS PIPING TO:
<input type="checkbox"/> FURNACE
<input type="checkbox"/> BOILER
<input type="checkbox"/> WATER HEATER
<input type="checkbox"/> RANGE
<input type="checkbox"/> OTHER _____
<input type="checkbox"/> SAND TRAP (Garage or car wash)
<input type="checkbox"/> SOLAR SYSTEM |
|---|---|---|

FIXTURES, APPLIANCES & EQUIPMENT:

- | | | |
|---|---|--|
| <input type="checkbox"/> _____ WATER CLOSET (Toilet)
<input type="checkbox"/> _____ URINAL
<input type="checkbox"/> _____ BIDET
<input type="checkbox"/> _____ LAVATORY (Wash basin)
<input type="checkbox"/> _____ FLOOR SINK
<input type="checkbox"/> _____ LAUNDRY SINK
<input type="checkbox"/> _____ BATH TUB
<input type="checkbox"/> _____ SHOWER
<input type="checkbox"/> _____ KITCHEN SINK
<input type="checkbox"/> _____ GARBAGE DISPOSER
<input type="checkbox"/> _____ DISHWASHER
<input type="checkbox"/> ROUGH-IN ONLY FOR: _____ | <input type="checkbox"/> _____ CLOTHES WASHER
<input type="checkbox"/> _____ CLOTHES WASHER (Com)
<input type="checkbox"/> _____ SLOP SINK
<input type="checkbox"/> _____ FLOOR DRAIN
<input type="checkbox"/> _____ SINK (Com)
<input type="checkbox"/> _____ BOOSTER WATER HEATER
<input type="checkbox"/> _____ BAR SINK (Res)
<input type="checkbox"/> _____ WATER HEATER
<input type="checkbox"/> _____ WATER SOFTENER
<input type="checkbox"/> _____ GARBAGE DISPOSER (Com)
<input type="checkbox"/> _____ DISHWASHER (Com) | <input type="checkbox"/> _____ WATER HEATER (Com)
<input type="checkbox"/> _____ DRINKING FOUNTAIN
<input type="checkbox"/> _____ DENTAL UNITS
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____ |
|---|---|--|

REMARKS:
