

PLUMBING PERMIT - CITY OF LAKESITE - PLEASE PRINT LEGIBLY

9201 Rocky Point Rd, Lakesite, TN 37379 423-842-2533

Permit Fee **Check No.** **Permit No. P-**

Received **By** **City of Lakesite**

Signature of Building Official **Date**

PROJECT NAME:

PROJECT ADDRESS:

APPLICANT/PERMIT HOLDER IS: Contractor or Legal Owner

PROPERTY OWNER
 NAME:
 ADDRESS:
 PHONE:

PLUMBING CONTRACTOR
 NAME:
 ADDRESS:
 PHONE:
 TN LIC. #:

LICENSE CLASS:

Commercial? _____ **Residential?** _____ **New Construction or Existing Structure** **Contract Value of Work?** _____

NUMBER OF FIXTURES

WATER CLOSET:	KITCHEN SINK:	FLOOR DRAIN:
LAVATORY:	LAUNDRY TRAY:	URINAL:
BATHTUB:	OTHER SINKS:	GREASE TRAP:
SHOWER:	WASHER:	OTHER:
WATER HEATER:	DRINK FOUNTAIN:	
TOTAL NUMBER OF FIXTURES:		

FEES: Issuance Fee - \$45.00 Re-Inspection Fe: \$25.00 Fixtures: \$5.00 EACH TOTAL \$

UNDER PENALTY OF INTENTIONAL MISREPRESENTATION AND / OR PERJURY, I declare that I have examined and / or made this application and it is true and correct to the best of my knowledge and belief and that all provisions of laws and ordinances governing this type work will be complied with whether specified herein or not. I acknowledge that granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. I also understand that falsification of this application would null and void the plumbing permit. (Attach copy of TN License showing expiration date, monetary limit and Classification.)

Applicant Signature and Date