

PLUMBING PERMIT APPLICATION

Building Permit # _____		Filing Fee: _____		Total Fee: _____	
Job Address	Number and street _____ Floor _____ Suite _____			Phone at site, if available _____	
Legal Owner	Name _____ Address _____			Phone _____	
Contractor (if applicable)	Name _____ VA State License Number _____			Arlington Business License Number _____	
	Number and Street _____ City _____ State _____ Zip _____			Phone _____	
Tenant (if applicable)	Name _____ Number and Street _____			Phone _____	
Job Description	Building Type	<input type="checkbox"/> Single Family	<input type="checkbox"/> Town house	<input type="checkbox"/> Commercial	<input type="checkbox"/> All Other
	Type of Work	<input type="checkbox"/> New	<input type="checkbox"/> Replacement	<input type="checkbox"/> Alteration	Estimated Cost
Plumbing Fixtures		Sewer/ Water		Gas Fixtures	
QTY	Description	QTY	Description	QTY	Description
_____	Backflow Preventer	_____	Roof/ Surface/ Garage Drain	_____	Gas Kitchen Appliances
_____	Bathroom Group	_____	Shower	_____	Gas Heating Appliances
_____	Bidet	_____	Sink	_____	Gas Dryer
_____	Cleanout	_____	Sprinkler System (Lawn)	_____	Gas Water Heater
_____	Dishwasher	_____	Sub-Meter	_____	Gas Pipe
_____	Drinking Fountain	_____	Sump Pump	_____	Relocate Gas Meter
_____	Floor Drain/ Sink	_____	Tub	_____	Emergency Generator
_____	Hose Bib/ Wall Hydrant	_____	Urinal	_____	Gas Roof Top Unit
_____	Ice Maker	_____	Washing Machine	_____	Other (Describe)
_____	Lavatory	_____	Water Closet	_____	_____
_____	Open Site Drain	_____	Water Heater (Electric)	_____	_____
Please indicate if any of the following is being done as part of this permit:					
<input type="checkbox"/> Installing a new fixture		<input type="checkbox"/> Installing sink other than laundry		<input type="checkbox"/> Installing 2 psi gas	
<input type="checkbox"/> Installing a bar sink		<input type="checkbox"/> Installing sink other than bath			
Certification	I hereby certify that I have the authority to make the foregoing application, that the application is correct, and that the construction will conform to the regulations in the Current adopted Virginia Uniform Statewide Building Code, the Zoning Ordinance, and Arlington County codes. By submitting this form I acknowledge that this document is considered to be a Public Record under the Virginia Public Records Act and may be subject to release under the Virginia Freedom of Information Act.				
Signature of Applicant _____		Print Name _____		Email Address _____	
Number and Street _____		City _____ State _____ Zip _____		Phone _____	
Note: Bring application, along with additional submission documents to: 2100 Clarendon Blvd., Suite 1000, ph: 703-228-3800. This permit shall become invalid if the authorized work is not started and an approved inspection completed within six (6) months from the date issued, and/or if the authorized work is suspended for a period of six (6) months after the work commences. There may be additional requirements, depending on the type of work.					
Initials _____ Date _____					