



PLUMBING PERMIT APPLICATION

(CONTRACTOR ONLY)

PERMIT NUMBER:
____ - ____
Must use Permit Number to request inspection.

PERMITS ARE REQUIRED TO BE ISSUED PRIOR TO START OF WORK.
FOR CITY TO PROCESS, APPLICATION MUST BE COMPLETE-DO NOT ABBREVIATE-ONLY ONE ADDRESS PER PERMIT

PROJECT ADDRESS: _____ BLDG. OR APT#: _____

PLUMBING CO.: _____

NAME OF MASTER PLUMBER: _____ MASTER PLUMBER LIC. #: _____

ADDRESS: _____ CITY/ST: _____ ZIP: _____

EMAIL: _____ PHONE#: _____ FAX#: _____

PROPERTY OWNER GENERAL CONTRACTOR: _____

OWNER OR G.C.'S PHONE#: () _____

ESTIMATE, BID OR CONTRACT AMOUNT FOR WORK TO BE PERFORMED: \$ _____

Indicate the work to be performed:

- | | | |
|--|---|---|
| <input type="checkbox"/> New Construction* | <input type="checkbox"/> Replace Gas Service | <input type="checkbox"/> Other** (Describe Below) |
| <input type="checkbox"/> New Plumbing Inside an Existing Building* ** (Describe Below) | <input type="checkbox"/> Replace Building Sewer | <input type="checkbox"/> Reinspection Fee |
| <input type="checkbox"/> New Room Addition with Plumbing* ** (Describe Below) | <input type="checkbox"/> Replace Water Service | |
| <input type="checkbox"/> Remodel/Alter Existing Interior Fixtures or Plumbing** (Describe Below) | <input type="checkbox"/> Replace Water Heater | |

*Building plan and permit must be on file prior to issue of the Plumbing permit.

**DESCRIBE WORK TO BE DONE: _____

NOTE: DO NOT REQUEST AN INSPECTION WITH THE SUBMITTAL OF THIS FORM. THIS FORM IS FOR THE PROCESSING OF PAYMENTS ONLY. WORK STARTED PRIOR TO THE ISSUE OF A PERMIT IS SUBJECT TO PENALTIES AND CITATIONS. THE CONTRACTORS RECEIPT OF THE PERMIT WITH THE PERMIT NUMBER AFFIXED IS CONFIRMATION OF THE ISSUE OF THE PERMIT.

I acknowledge the information submitted on this permit application is true and correct. I agree to comply with the requirements of the codes and ordinances adopted by the City of Odessa, the laws of the State of Texas and will obtain all required inspections. I understand this application is not a permit until the processing has been completed by the city and returned to the applicant with the permit number attached.

Authorized Signature

Date

Print Name Legibly

CITY CONFIRMATION OF ISSUE OF PERMIT

Fee per square feet under roof: _____ SF x _____ ¢=\$ _____

Alternate fee calculation – attach calculation

FEE: \$ _____

APPROVED BY: _____ PROCESSED BY: _____

DATE: _____

