



# Plumbing Contractor Registration

To register as plumbing contractor, please complete the following:  
(PRINT OR TYPE INFORMATION REQUESTED. FORM MUST BE COMPLETE AND LEGIBLE TO BE PROCESSED)

TSBPE Registered Company Name: \_\_\_\_\_  
Dba: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Street Address (if not same): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ email: \_\_\_\_\_

Name of TSBPE Master Plumber: \_\_\_\_\_  
Master Plumber License Number: \_\_\_\_\_  
TSBPE Registered Address: \_\_\_\_\_  
Street Address (if not same): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ email: \_\_\_\_\_

Name of Company Owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ email: \_\_\_\_\_

**Attach a copy of each of the following:**

- Copy of TSBPE Plumbing License for the Registered Company's Master Plumber
- Copy of valid Texas Drivers License or Government issued photo ID of the TSBPE registered company master plumber of record. (The photo and information must be clear and legible.)
- Provide a current and valid Certificate of Insurance indicating the Building Inspection Division office as the certificate holder. All following information must be on the certificate.
  - (a) The name of the plumbing company;
  - (b) Commercial liability insurance for the Master Plumber for claims for property damage or bodily injury, regardless of whether the claim arises from negligence claim or a contract claim;
  - (c) Must show City of Odessa, Building Inspection Division will be notified within 30 days of cancellation.
  - (c) Be in a coverage amount of not less than \$300,000 for all claims arising in any one-year period for General Liability;
  - (d) State the name and license number of the Master Plumber for whom the coverage is provided;
  - (e) List certificate holder as: **City of Odessa, Building Inspection Division**

**PO Box 4398  
Odessa, TX 79760**

- Received a copy of Plumbing & Gas Code Amendments
- Received map of Industrial Districts for which permits are required.
- Check vehicle identification for compliance with State Law.

**The following persons are authorized agents who may obtain permits in the name of this company:**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

**The City of Odessa, Building Inspection Division must be notified immediately of any changes on this form.**

Permits are required at any time the owner or his agent intends to erect, construct, enlarge, alter, repair, move, demolish, or change the occupancy of a building or structure or to erect, install, enlarge, alter, repair, remove, convert, or replace any electrical, gas, mechanical or plumbing system, the installation of which is regulated by the building codes for the City of Odessa. Any owner or contractor who shall cause such work to be done shall first make application to the Building Official and obtain the required permit. Violations of the codes and ordinances adopted by the City of Odessa may result in the issue of citations with fines and penalty up to the amount of \$2000.00 per day for each violation.

I certify the information submitted for registration to perform plumbing work in the City of Odessa is true and correct. I am aware of and will comply with all local codes and ordinances for the City of Odessa and Laws of the State of Texas. I have received a copy of the current plumbing amendments to the plumbing code for the City of Odessa. I will immediately notify the City of Odessa, Building Inspection Division of any change in information submitted on this form or employees I have listed to obtain permits for my company.

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Legibly Print Name  
\_\_\_\_\_  
Date  
\_\_\_\_\_  
Registration Expires  
\_\_\_\_\_  
Processed By

**REGISTRATION IS VALID FOR 2 YEARS**  
Plumbing Contractor Registration 02/12



Building Inspection Division 411 W. 8<sup>th</sup> St. (432) 335-3214 Fax: (432) 335-3256 [bi@odessa-tx.gov](mailto:bi@odessa-tx.gov)



# CERTIFICATE OF INSURANCE REQUIREMENTS

Each Certificate of Insurance must show the certificate holder as follows:

**City of Odessa  
Building Inspection Division  
P.O. Box 4398  
Odessa, Texas 79760**

Each contractor is responsible for maintaining their required insurance. The City does not notify contractors of expired insurance certificates and can not request a certificate of insurance from the insurance company.

## ELECTRICAL

- 1) Bodily injury in the amount of \$300,000
- 2) Completed Operations in the amount of \$20,000
- 3) Property Damage in the amount of \$20,000

## PLUMBING

- 1) Liability and Property Damage in the amount of \$300,000
- 2) In order to work past the property line in the City Right of Way, contractors will need to furnish a certificate of insurance to the Engineering Division to obtain the required Right of Way (ROW) permit.

## MECHANICAL

The contractor shall provide a certificate of insurance for the following coverage:

- 1) **Each Class A** license applicant or holder shall have in force commercial general liability insurance in an amount not less than \$300,000 combined for Property damage and bodily injury sustained by one or more persons, \$300,000 aggregate (total amount the policy will pay), and \$300,000 aggregate for products and completed operations. In the event claims occur which reduce the required coverage to a level of \$350,000 or less, the licensee shall reinstate the coverage to the original \$300,000 amount or greater.
- 2) **Each Class B** license applicant or holder shall have in force commercial general liability insurance in an amount not less than \$100,000 combined for property damage and bodily injury sustained by one or more persons, \$100,000 aggregate (total amount the policy will pay), and \$100,000 aggregate for products and completed operations. In the event claims occur which reduce the required coverage to a level of \$75,000 or less, the licensee shall reinstate the coverage to the original \$100,000 amount or greater.

Certificate of Insurance 02/12





# 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"/> <b>Reinspection Fee</b>  |
| <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:** \_\_\_\_\_

PLUMBING PERMIT APPLICATION 02/12



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