## **CITY OF HAGERSTOWN**

Planning and Code Administration Department City Hall, 1 East Franklin Street, Hagerstown, MD 21740 FAX: 301-791-2650

Fax #\_

## **ADDITION TO PLUMBING PERMIT APPLICATION**

Inspection Requests (301) 797-6313 Permit Information (301) 790-4163

i cililicililation (502) 750 izee				
Job Location		Lot No.	Subdivision Name:	
Owner's Name	,	Plumber's Name		
Owner's Address		Plumber's Trade Name		
City State Zip		Plumber's Address		
Phone: Cell:		City	State	Zip
Description of Work	Ø 0	Phone:	Cell:	
	. 4	City License #	State License #	

	If door is locked or work is incomplete, a	a \$50.00 re-in	spection	fee will be charged per visit.
NO.	ITEM	EACH	FEE	<b>FIXTURE LIST IS ON BACK OF THIS FORM</b>
Required	Application Fee – All Permits			If in the opinion of the Plumbing Inspector, drawings and
	Residential	\$ 50.00		specifications are required for this application, I shall furnish
	Commercial	\$100.00		such drawings and specifications.
	Apartment	\$100.00	ř.	and the state of t
	(Single Fixture Only			It is the responsibility of the license holder to give 24 hour advance notice to the Planning and Code
	NO Application Fee Required)			Administration Department when work is ready for
Required	Technology Fee – All Permits		\$20.00	testing and inspections. Failure to schedule valid
	Fixtures – LIST ON BACK OF FORM			inspections for any period of six months following
	Commercial Dishwasher	\$ 20.00	(ir	the issuance of this permit will be cause for the
	Water Heater - □ Gas □ New			permit to become void.
	- ☐ Electric ☐ Replacement	\$ 15.00		I acknowledge that I have read this application and affirm that
	Interceptor - 🗆 Oil			the information supplied by myself is correct; and that the
	- □ Grease	\$ 40.00		owner/tenant of the referenced property has authorized me
	- □ Sand			to do the work described herein. I agree to comply with all
	Sewer Ejector (Grinder Pump)	\$ 40.00		City Ordinances and State Laws regulating plumbing work.
	Sump Pump ☐ New ☐ Replacement	\$ 10.00		
	Water Pump ☐ New ☐ Replacement	\$ 25.00		I ćertify that I am properly registered and licensed.
	Sanitary Sewer	\$ 20.00		
	Storm Sewer	\$ 20.00		
	Water Service Supply	\$ 20.00		Signature of Master License Holder
0	Gas Piping System 1-4 Outlets			, N
	☐ Natural ☐ LP/Propane	\$ 20.00		
	Each Additional Outlet	\$ 4.00		8
	LP Tank	\$ 20.00		Printed Name of License Holder
	Heaters -□ Space □ Gas			Fillited Name of License Holder
	- □ Unit □ Oil	\$ 10.00		
	Furnace - ☐ Gas ☐ New			
	- □ Oil □ Replacement	\$20.00		
	Boiler - □ Gas □ New			Date
	- □ Electric □ Replacement	\$ 20.00		INVESTIGATION FEE: Any person who commences any work
	- □ Oil			on a plumbing system before obtaining the necessary permits
	All Storage Tanks − Residential □	\$20.00		shall be subject to 100% of the usual fee in addition to the
	- Commercial 🛚	\$20.00		required fees.
	- Removal □	\$20.00		
	Others Not Listed	\$ 10.00		2
	Total from back side			
	Investigation Fee			Munis Application
				7

TOTAL:

## Fixture List

No.	Item/Fixture	Each	Fee
	Water Closets/Toilets	\$5.00	
	Lavatories/Bathroom Sinks	\$5.00	
, i	Sinks (other than bath)	\$5.00	
	Disposals	\$5.00	
	Residential Dishwashers	\$5.00	
	Bathtubs	\$5.00	
	Showers	\$5.00	
	Bathtub/Shower Combo	\$5.00	
	Whirlpool Bathtubs	\$5.00	
	Automatic Clothes Washers	\$5.00	
	Laundry Trays	\$5.00	
	Ice Makers	\$5.00	
	Bidets	\$5.00	
	Urinals	\$5.00	
	Hose Bibs	\$5.00	
	Backflow Devices	\$5.00	
	Expansion Tank only	\$5.00	
	Tankless Water Heaters	\$5.00	
	Drinking Fountains	\$5.00	
	Ice Machines	\$5.00	
	Floor Drains	\$5.00	
	Roof Drains	\$5.00	·
	Drains	\$5.00	
	Water Treatment Equipment	\$5.00	
	Any Type of Cooler/Refrigeration Drain	\$5.00	
	Emergency Shower Stations	\$5.00	
	Emergency Eye-Wash Stations	\$5.00	
	Car Washers	\$5.00	
	Garbage Can Washers	\$5.00	
	Special Plumbing Fixtures	\$5.00	
	Other	\$5.00	

Total this side of form	*

## Planning & Code Administration Payment Information

Name as it appears on Credit Card					
Credit Card Number (16 digits)					
Expiration Date of Credit Card	(MM/YY)	/			
Type of Credit Card:	□ Visa	☐ Mastercard	☐ Discover		
Customer Validation Number:		_ (Last 3-digit-number on back of the card)			
Billing Address:					
Name of Contact Person		Telephone:			
All information is required or payment will not be processed					

FAX APPLICATION AND PAYMENT INFORMATION FORM TO

A \$2.00 convenience fee will be charged on all faxed permit applications.

301-791-2650