

APPLICATION FOR PLUMBING PERMIT

City of Nevada

Date _____ Address _____ Permit No. _____
 Owner _____ Owners Address _____
 Phone: _____

Fixtures	No.		No.		No.	.	Total
Tub/Shower		Floor Drain		Water Softener			
Sink		Sump Pump		Roof Drain			
Lavatory		Yard Meter		Sand Interceptor			
Water Closet		Irrigation System		Other:			
Dishwasher		Floor Sink		Drinking Fountain			
Water Heater		Urinal		Sewer Ejector			
Auto Washer Drain		Grease Trap					
Building Sewer(new or repair)		Size					
Water Service(new or repair)		Size	Fire line				
Storm Sewer Opening		Size					
Gas Piping		No. of outlets					
Building Sprinkler System							
Abandon Sewer and water							
Re-Inspection Fee							

FOR FEES PLEASE SEE FEE APPENDIX ON CITY WEB SITE

Application Only Planning and Zoning must to approve before work may begin

TOTAL FEES	
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 Signature of Applicant Company

 Address City of Nevada, Iowa 1209 Sixth Street P.O. Box 530 50201 Inspector Date
 (515) 382-5466 fax 382-4502