



City Of Lakeland  
Building Inspection Division

# Plumbing Permit Application

<b>Site Address:</b>					
Structure Use:	Residence <input type="checkbox"/>	( # of Units	Commercial <input type="checkbox"/>	Mobile Home <input type="checkbox"/>	Church <input type="checkbox"/>
<b>Business Name:</b>					
<b>Zoning Classification:</b>		<b>Legal Desc:</b>			
<b>Property Owner Name:</b>					
<b>Address:</b>					
<b>City:</b>		<b>State:</b>	<b>Zip:</b>	<b>Phone:</b>	
<b>Lakeland Contractor #:</b>		<b>Qualifier's Name:</b>			
<b>Description of Work:</b>					

<b>Contract Amount:</b> \$					
<b>ENTER QUANTITIES:</b>		<b>Fixture Fees:</b>		<b>Fixed Fees:</b>	
Backflow Preventer		Shower		Backflow Preventer	
Hose Bibbs		Slop Sink		Grease Trap	
Dishwasher		Storm/ Roof Drains		Irrigation	
Floor Drains		Tub		Mobile Home Inspection	
Floor Sinks		Urinal		Private Home Inspection	
Drinking Fountain		Washer		Sewer Cap	
Kitchen Sink		Water Closet		Sewer Connection	
Laundry Sink		Water Heater		Solar Energy System	
Lavatory		Medical Gas		Water Service	
Water Service				Water Treatment	
				Wells	

Application is hereby made for a building permit to do the work as briefly described above and in consideration of the issuance of such permit, I agree that this application is subject to being built as referenced to the applicable approved plans and in accordance to the Zoning Ordinance, Building Code, and other ordinances of the City of Lakeland and laws of the State of Florida applicable thereto. It is understood that any deviation from the information contained herein unless approved by the Building Inspector will render the building permit null and void. I agree that this property will not be occupied or used until all damage done to streets, curbs, sidewalks or other public or private property has been completely and satisfactorily repaired or replaced and all driveways will be completed under permit and approval from the Building Inspection Division. Also, the property will not be occupied until after a letter of Completion or a Certificate of Occupancy is acquired upon completion of all applicable inspections. I hereby certify that the information set forth above is true and correct and that I am the property owner or lessee, or acting as the agent of either and have been authorized by them to make this application.

The 2017 Florida Building Code is in effect.

<b>Applicant's Signature:</b>			<b>Date:</b>		
<b>Company Name:</b>			<b>Telephone:</b>		
<b>Company Address:</b>					
<b>( FOR OFFICIAL USE ONLY )</b>					
Approved By:			Date:		
Penalty ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Fire Check			Permit Fee		
Noc			Plan Check Fee		
			Surcharge Fee		
			Impact Fee		