

The City of St. Augustine Beach Application for Plumbing Permit

The undersigned hereby applies for a permit for Plumbing and Drainage System work in accordance with the Plumbing Code of the city of St.

Owner/Occupant: _____

Job Address: _____

Legal Description: Lot: _____ Block: _____ S/D: _____

Type of Building: _____ New Old

Contractor: _____ Bldg. Permit: _____

Fixture Type	1st Floor	2nd Floor	Total
Closet			
Bath			
Shower			
Lavoratory			
Urinal			
Water Heater			
Washing Machine			
Sink			
Garbage Disposal			
Diswasher			
Floor Drain			
Grease Trap			
Catch Basin			
Solar Unit			

TOTAL FIXTURES _____ X \$4.00 = _____

Repair or Replace () Service () Drainage _____

_____ Vacuum Breakers or Backflow Protective Devices @ \$5.00 _____

House Sewer _____ Septic Tanks _____ Size _____

PERMIT FEE **\$ 10.00**

TOTAL _____

Plumbing Company

Signature

License #: _____

Permit #: _____

Date: _____