



SUB-CONTRACTOR---PLUMBING/GAS PERMIT APPLICATION: PLEASE PRINT

WORK BEING PERFORMED BY:

_____ : **NAME OF SUB-CONTRACTOR**

_____ : **STATE MASTER LICENSE NUMBER**

_____ (_____) _____
ADDRESS **PHONE NUMBER**

WORK BEING PERFORMED AT:

_____ : PROPERTY OWNER/CONTRACTOR

_____ : PHONE NUMBER

_____ : LOCATION OF CONSTRUCTION

DESCRIPTION OF WORK BEING PERFORMED:

PLUMBING PERMIT _____ #FIXTURES _____ #SEWERLINE _____

GAS PERMIT _____ #OUTLETS _____ #BACKFLOW _____

NEW CONSTRUCTION _____ REPAIRS/ADDITION _____

PERMIT # _____

SIGNATURE OF CONTRACTOR DATE

RECEIVED BY DATE

APPROVED BY DATE