CITY OF HAGERSTOWN

Planning and Code Administration Department City Hall, 1 East Franklin Street, Hagerstown, MD 21740

FAX: 301-791-2650

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

Associated E	P#		
	•		
Fax#			

Job Location		Lot No.		Subdivision Name:		
Owner's Name		Plumber's Na	Plumber's Name			
Owner's Address		Plumber's Tra	Plumber's Trade Name			
City	State Zip	Plumber's Ad	ldress	,		
Phone:	Cell:	City		State Zip		
Description	of Work	Phone:		Cell:		
		City License #	ł	State License #		
	If door is locked or work is incomplete, a	\$50.00 re-in				
NO.	ITEM	EACH	FEE	FIXTURE LIST IS ON BACK OF THIS FORM		
Required	Application Fee – All Permits Residential Commercial Apartment (Single Fixture Only NO Application Fee Required)	\$ 50.00 \$100.00 \$100.00		If in the opinion of the Plumbing Inspector, drawings and specifications are required for this application, I shall furnisl such drawings and specifications. It is the responsibility of the license holder to give 24 hour advance notice to the Planning and Code Administration Department when work is ready for testing and inspections		
Required	Technology Fee – All Permits		\$20.00	Failure to schedule inspections for any period of six months		
	Fixtures – LIST ON BACK OF FORM			following the issuance of this permit will be cause for the		
	Commercial Dishwasher	\$ 20.00		permit to become void.		
	Water Heater - □ Gas □ New			I acknowledge that I have read this application and affirm that		
¥	- □ Electric □ Replacement Interceptor - □ Oil - □ Grease - □ Sand	\$ 15.00 \$ 40.00		the information supplied by myself is correct; and that the owner/tenant of the referenced property has authorized n to do the work described herein. I agree to comply with all City Ordinances and State Laws regulating plumbing work.		
	Sewer Ejector (Grinder Pump)	\$ 40.00				
	Sump Pump	\$ 10.00		I certify that I am properly registered and licensed.		
	Water Pump □ New □ Replacement	\$ 25.00				
	Sanitary Sewer	\$ 20.00		· ·		
	Storm Sewer	\$ 20.00		Signature of Master License Holder		
	Water Service Supply	\$ 20.00		Signature of Master License Holder		
	Gas Piping System 1-4 Outlets ☐ Natural ☐ LP/Propane	\$ 20.00				
	Each Additional Outlet	\$ 4.00		Printed Name of License Holder		
	LP Tank	\$ 20.00		Trined Name of Election Florida		
9	Heaters -□ Space □ Gas -□ Unit □ Oil	\$ 10.00		h i		
	Furnace - □ Gas □ New - □ Oil □ Replacement	\$20.00		Date		
,	Boiler - □ Gas □ New - □ Electric □ Replacement - □ Oil	\$ 20.00		INVESTIGATION FEE: Any person who commences any work on a plumbing system before obtaining the necessary permits shall be subject to 100% of the usual fee in addition to the		
	All Storage Tanks — Residential □ - Commercial □ - Removal □	\$20.00 \$20.00 \$20.00		required fees.		
	Others Not Listed	\$ 10.00				
	Total from back side	, 22.23		Munis Application		
	Investigation Fee					
				,]		
	TOTAL:	10				

Fixture List

No.	Item/Fixture	Each	Fee
	Water Closets/Toilets	\$5.00	
	Lavatories/Bathroom Sinks	\$5.00	
	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	ū
	Special Plumbing Fixtures	\$5.00	
	Other	\$5.00	

Total this side of form	
Total tills side of form	

Planning & Code Administration Payment Information

Name as it appears on Credit C	ard		
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:	
Δ	II informatio	n is required or payment will not be proce	ssed

FAX APPLICATION AND PAYMENT INFORMATION FORM TO

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

301-791-2650