



Building Inspection Division
 409 South Main Street
 Harrisonburg VA 22801-7531
 Telephone: 432-7700
 Fax: 540-432-7777

Plumbing Permit No: _____

Master Building Permit No: _____

Contractor's DPOR Registration Number: _____

License Class: _____

Harrisonburg Business License Number: _____

PLUMBING PERMIT APPLICATION

Property Owner: _____

Mailing Address: _____

City: _____ State: _____

Zip Code: _____ Telephone No: _____

Work:

Contracted by Performed by Supervised by

Name: _____

Mailing Address: _____

City: _____ State: _____

Zip Code: _____ Telephone No: _____

Location of Work:

 (House No. and Street Name)

Residential:

New Residential: Yes No

Number of new fixtures connected to Sanitary Sewer: _____

Commercial or Residential Addition or Alteration:

Number of new fixtures being added or moved connected to Sanitary Sewer: _____

Water Line New Replacement

Sewer Line New Replacement

Backflow Prevention Devices _____

Date _____

Applicant Signature _____

Type of Work to be Done

New Repair Addition

Improvement

Brief Description and Remarks:

Total Fixtures: _____ Fixtures Fee: \$ _____

Permit Fee: \$ _____ State Levy: \$ _____

Total Fee: \$ _____

Building Division Signature:
