

PLUMBING INSPECTION

| | | | | | | |
|------------------|--|--|---------------------------------|--|-------------------|-------------------|
| ADC Map Location | | | Job Site Contact Name & Phone # | | Plumbing Permit # | Inspection Fee \$ |
|------------------|--|--|---------------------------------|--|-------------------|-------------------|

Map _____ Block _____ Parcel _____ Lot _____ Estimated Value \$: _____

Job Address _____

City _____ County _____ State _____

Owner/Occupant _____ Tenant _____

Type: Residential All Other Type of Work: New Building Addition to Building Other:

PLUMBING FIXTURES

| <u>Quantity</u> | <u>Description</u> |
|-----------------|-------------------------|
| _____ | Backflow Preventor |
| _____ | Bathroom Group |
| _____ | Bidet |
| _____ | Clean-Out |
| _____ | Dishwasher |
| _____ | Drinking Fountain |
| _____ | Floor Drain/Sink |
| _____ | HoseBib/Wall Hyd |
| _____ | Ice Maker |
| _____ | Lavatory |
| _____ | Open Site Drain |
| _____ | Roof/Surface Drain |
| _____ | Shower |
| _____ | Sink |
| _____ | Meter |
| _____ | Tub |
| _____ | Urinal |
| _____ | Washing Machine |
| _____ | Water Closet |
| _____ | Water Heater-Elec |
| _____ | Sprinkler System (Lawn) |

SEWER/WATER

| | | | |
|-------|-------------------|-------|---------------|
| _____ | Building Sewer | _____ | Sewer Repair |
| _____ | Drain/Vent System | _____ | Sewer Cap-off |
| _____ | Storm Manhole | _____ | Road/Sewer |
| _____ | Water Service | _____ | Excavation |
| _____ | Fire Service | _____ | Water Pipe |
| _____ | Sewage Pump | _____ | Grease Trap |

GAS FIXTURES

| | | | |
|-------|------------------|-------|-----------------------|
| _____ | Gas Boiler | _____ | Gas Dryer |
| _____ | Gas Furnace | _____ | Gas Kitchen Appliance |
| _____ | Gas Log | _____ | Gas Pool Heater |
| _____ | Gas Oven | _____ | Gas Rooftop Unit |
| _____ | Gas Range | _____ | Gas Water Heater |
| _____ | Gas Space Heater | _____ | |

NEW CONSTRUCTION - RESIDENTIAL

| | |
|-------|------------------|
| _____ | Gas Space Heater |
| _____ | Gas Water Heater |

OTHER

| | |
|-------|---------------|
| _____ | Solar Heat |
| _____ | Swimming Pool |

| |
|---------------------------------------|
| Appl. Signature _____ |
| Print Name _____ |
| Address _____ |
| City _____ State _____ Zip _____ |
| Phone # _____ Cell # _____ |
| Prof. License # _____ Exp. Date _____ |

Additional Comments/Instructions:

SPACE BELOW FOR AGENCY'S USE ONLY

| | |
|-------------------------------------|-------------------------------------|
| Progress Status: | |
| <input type="checkbox"/> Rough | |
| <input type="checkbox"/> Progress | |
| <input type="checkbox"/> LKD | |
| <input type="checkbox"/> Incomplete | |
| <input type="checkbox"/> Violation | <input type="checkbox"/> Other Side |

Inspectors Signature _____ Date _____

Invoice #: _____ Check #: _____
 Invoice Date: _____

First State Inspection Agency, Inc.
PLUMBING INSPECTION RESULTS

| | Date & Time Called | Date Requested | Date Inspected | Job Conditions | Insp |
|----------------------------|--------------------|----------------|----------------|----------------|------|
| Underslab | | | | | |
| | | | | | |
| | | | | | |
| Rough-In (Gas Test) | | | | | |
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| Final | | | | | |
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| | | | | | |

10.23.07

Permit # _____ Name _____

Map _____ Block _____ Parcel _____ Lot _____

Location _____