



**PRINCE WILLIAM COUNTY**  
**Department of Development Services – Building Development Division**

**PLUMBING PERMIT APPLICATION**

Version 2020\_0621

Master Permit # **BLD** \_\_\_\_\_

Zoning # \_\_\_\_\_

Project Name \_\_\_\_\_

<i>Staff Use Only</i>			
Approved By: _____		Permit # <b>PLB</b>	
Date Approved: _____		IVR 6 Digit PIN #	
Use Group: _____	Type Const: _____	Date Issued: _____	Issued By: _____
VCC-IBC __ VEBC-IEBC __ VRC-IRC __		Code Year: _____	Work Code: _____

**LOCATION OF PROPERTY**

Subdivision \_\_\_\_\_ Section \_\_\_\_\_ Block \_\_\_\_\_ Landbay \_\_\_\_\_ Phase \_\_\_\_\_ Lot \_\_\_\_\_

Property Address \_\_\_\_\_

Name of Property Owner \_\_\_\_\_ Phone # \_\_\_\_\_

**APPLICANT: CHECK BOX TO IDENTIFY PERMIT HOLDER**

**\*\* All Contacts must have a Registered [ePortal](#) account to be added to the Permit\*\***

Owner/Lessee \_\_\_\_\_ Email Address \_\_\_\_\_

Contractor \_\_\_\_\_ Address \_\_\_\_\_

Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

State Registration # \_\_\_\_\_ Class \_\_\_\_\_ Prince William County License # \_\_\_\_\_

Master Name \_\_\_\_\_ Cert # \_\_\_\_\_ Home Improvement Contractor's License # \_\_\_\_\_

TYPE OF CONSTRUCTION:  Residential  Comm/Office  Comm/Mercantile  Industrial  Public/Institutional  Other \_\_\_\_\_

TYPE OF IMPROVEMENT:  New  Addition  Alteration/Repair  Tenant Layout  Other \_\_\_\_\_

**ENTER QUANTITY WHERE APPLICABLE**

**VALUE OF WORK OR CONTRACT COST: \$ \_\_\_\_\_**

WATER CLOSETS \_\_\_\_\_ SERVICE/MOP SINKS \_\_\_\_\_ SAUNA or STEAM BATH \_\_\_\_\_

URINALS \_\_\_\_\_ THREE COMP SINKS \_\_\_\_\_ DISHWASHERS \_\_\_\_\_

LAVATORIES \_\_\_\_\_ WATER SOFTNERS \_\_\_\_\_ CLOTHES WASHERS \_\_\_\_\_

BATHTUBS \_\_\_\_\_ SODA MACHINES \_\_\_\_\_ SEWER EJECTORS \_\_\_\_\_

SHOWERS \_\_\_\_\_ OPEN SITE DRAINS \_\_\_\_\_ SUMP PUMPS \_\_\_\_\_

KITCHEN SINKS \_\_\_\_\_ REMOVE/CAP FIXTURES \_\_\_\_\_ ELE WATER HEATERS \_\_\_\_\_

BAR SINKS \_\_\_\_\_ FLOOR DRAINS \_\_\_\_\_ GREASE/SAND INTERCEPTORS \_\_\_\_\_

LAUNDRY TRAYS \_\_\_\_\_ STORM DRAINAGE SQ FT \_\_\_\_\_ RECIRCULATING PUMPS \_\_\_\_\_

DRINKING FOUNTAINS \_\_\_\_\_ CROSS CONN DEVICES \_\_\_\_\_ GARBAGE/SEWER DISPS \_\_\_\_\_

HOSE BIBS \_\_\_\_\_ ROOF DRAINS \_\_\_\_\_ BUILDING SEWER \_\_\_\_\_

ICE MACHINES \_\_\_\_\_ TRAP PRIMERS \_\_\_\_\_ WATER SERVICE \_\_\_\_\_

COFFEE MAKERS \_\_\_\_\_ MIXING VALVES \_\_\_\_\_ PRESSURE VALVES \_\_\_\_\_

GENERAL SINKS \_\_\_\_\_ CONN BOILER DRAIN \_\_\_\_\_ BACKWATER VALVES \_\_\_\_\_

HAND SINKS \_\_\_\_\_ OTHER – DESCRIPTION/QUANTITY \_\_\_\_\_

I HEREBY CERTIFY THAT I HAVE THE AUTHORITY TO MAKE THE FOREGOING APPLICATION, THAT THE INFORMATION GIVEN IS CORRECT, AND THAT ALL CONSTRUCTION WILL COMPLY WITH THE VIRGINIA UNIFORM STATEWIDE BUILDING CODE AND APPLICABLE ORDINANCES. THE PERMIT HOLDER IS THE RESPONSIBLE PARTY FOR COMPLIANCE WITH THE VUSBC AND OTHER ORDINANCES.

PRINT NAME \_\_\_\_\_

OWNER  CONTRACTOR  AUTHORIZED AGENT

TELEPHONE NUMBER \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

By checking this box, I agree to electronically signing this form.

<i>Staff Use Only</i>	
Filing Fee Paid \$ _____	Rcpt. # _____
Permit Fee \$ _____	
Resubmission Fee \$ _____	
Remaining Fee Due \$ _____	Rcpt. # _____

**THIS PERMIT DOES NOT INCLUDE ELECTRICAL, GAS OR MECHANICAL INSTALLATIONS.**