



# Plumbing Permit Application

Permit Center  
2664 Riva Road  
Annapolis MD 21401

APPLICANT - Complete all applicable spaces  NEW  ADDITION  REPLACE  SHELL

Job Location \_\_\_\_\_ Date \_\_\_\_\_

Street \_\_\_\_\_

Building \_\_\_\_\_ Floor \_\_\_\_\_ Suite \_\_\_\_\_ Permit No. \_\_\_\_\_

Subdivision \_\_\_\_\_ Fee: \_\_\_\_\_

Tenants Name \_\_\_\_\_ Map Reference No. \_\_\_\_\_

Tax Account # \_\_\_\_\_ Block \_\_\_\_\_ Parcel No. \_\_\_\_\_

Building Permit # \_\_\_\_\_

|                                  |                                  |  |                                  |
|----------------------------------|----------------------------------|--|----------------------------------|
| <b>O<br/>W<br/>N<br/>E<br/>R</b> | Name _____                       | <b>C<br/>O<br/>N<br/>T<br/>R<br/>A<br/>C<br/>T<br/>O<br/>R</b> | Company Name _____               |
|                                  | Mailing Address _____            |  | Master _____                     |
|                                  | City _____ State _____ Zip _____ |  | License # _____                  |
|                                  | Telephone _____                  |  | Mailing Address _____            |
|                                  |                                  |  | City _____ State _____ Zip _____ |
|                                  | Telephone _____                  |  | Telephone _____                  |

|               | Total |
|---------------|-------|
| Water Repair  |       |
| Sewer Repair  |       |
| On Site Water |       |
| On Site Sewer |       |
| Water closets |       |
| Lavatories    |       |
| Bath tubs     |       |
| Showers       |       |
|               |       |
|               |       |

|                   | Total |
|-------------------|-------|
| Urinals           |       |
| Sinks             |       |
| Laundry Tubs      |       |
| Washer Stand Pipe |       |
| Dishwasher        |       |
| Water Heater      |       |
| Sump Pump         |       |
| Garbage Disposal  |       |
|                   |       |
|                   |       |

|                      | Total |
|----------------------|-------|
| Condensation Line    |       |
| Water Conditioner    |       |
| Furnace              |       |
| Ejector Pump         |       |
| No. Roof Drains      |       |
| No. Floor Drains     |       |
| Building Storm Drain |       |
| Water Fountains      |       |
|                      |       |
|                      |       |

|                    | Total |
|--------------------|-------|
| Grease Trap        |       |
| Interceptor        |       |
| Backflow Preventer |       |
| Hose Bib           |       |
| Bar Sink           |       |
| Bidet              |       |
| Other              |       |
|                    |       |
|                    |       |

Sewage: Public:  Septic  Soil Stack Size \_\_\_\_\_ Material \_\_\_\_\_

Water: Public:  Well  Soil Line in Building Size \_\_\_\_\_ Material \_\_\_\_\_

Describe work to be done \_\_\_\_\_

MAKE CHECK PAYABLE TO ANNE ARUNDEL COUNTY

Application approved for permit by: \_\_\_\_\_

I certify and agree as follows: that I am authorized to make this application; that the information is correct; that I will comply with all the regulations of Anne Arundel County which are applicable hereto; that I will perform no work on the above property not specifically described hereon.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Master Plumber Signature \_\_\_\_\_

Date \_\_\_\_\_

This permit is void six (6) months from the date of issuance unless extended in writing.  
NO WORK MAY BE STARTED UNTIL PERMIT IS ISSUED.