

TOWN OF HIGHLAND
 APPLICATION FOR PLUMBING PERMIT
 PHONE 219-838-3185 FAX 219-972-5097



Date: _____

CONTRACTOR'S NAME: _____

PHONE # _____

PROPERTY OWNER: _____

PHONE # _____

PROJECT ADDRESS: _____

Describe work to be done: _____

List all plumbing fixtures to be installed:

_____ Sinks	_____ Laundry Tubs	_____ Auto. Washer	_____ Slop Sink
_____ Closets	_____ Floor Drains	_____ Auto. Dishwasher	_____ Boiler
_____ Showers	_____ Lavatories	_____ Air Cond. Drain	_____ Sump Pump
_____ Bath Tubs	_____ Garbage Disposal	_____ Open Hib Drains	_____ Water Heater
_____ Urinal	_____ Outside Spigot	_____ Ejector Pump	_____ Backflow Preventor

Misc. Fixtures: _____

Handicapped Fixtures (commercial only) _____ Are these listed above? _____

Sanitary Sewer Tap _____ Storm Sewer Tap _____ Water Tap _____

Water Meter Size _____ Septic Tank (If applicable) Size _____

Will there be a lawn sprinkler system installed? _____ # of Heads _____

Will there be a fire sprinkler system installed? _____ # of Heads _____

Will there be an underground inspection required? _____

If this is a remodeling permit will there be more than 2 inspections? _____ If yes how many? _____

ALL WATER & VENT PIPING MUST BE WATER TESTED.

Contractor's Signature: _____