

CITY OF FULTONDALE  
INSPECTIONS DEPT.

1015 Old Walker Chapel Rd, P. O. Box 699, Fultondale, Alabama 205-841-8306

**PLUMBING PERMIT APPLICATION**

*(Commercial Jobs \$50,000 & over requires a State of Alabama General Contractor's License)*

JOB ADDRESS: \_\_\_\_\_

SUBDIVISION \_\_\_\_\_ LOT \_\_\_\_\_

OWNER/BUILDER'S NAME: \_\_\_\_\_

Application is hereby made to Install, Repair or Replace fixtures as listed herein; and/or Water Service from main to meter, from meter to building and for water distribution in building; and/or Septic Tank connection.

<u>WORK TO BE PERFORMED</u>	<u># of Fixtures</u>	<u>Complete Appropriate Items (s) Below:</u>
<input type="checkbox"/> WATER CLOSETS	_____	<input type="checkbox"/> NEW RESIDENTIAL STRUCTURES PER DWELLING UNIT \$30.00 Base Fee; \$5.00 for each fixture # of Dwelling Units _____ <input type="checkbox"/> NEW MULTI-FAMILY RESID. - (APARTMENTS/CONDOMINIUMS) \$30.00 Base Fee; \$5.00 for each fixture # of Dwelling Units _____ <input type="checkbox"/> EXISTING RESIDENTIAL STRUCTURES PER DWELLING UNIT \$30.00 Base Fee; \$5.00 for each fixture # of Dwelling Units _____
<input type="checkbox"/> LAVATORIES	_____	
<input type="checkbox"/> BIDETS	_____	
<input type="checkbox"/> SINKS	_____	
<input type="checkbox"/> DRINKING FOUNTAIN	_____	
<input type="checkbox"/> BATHTUBS	_____	
<input type="checkbox"/> SHOWER BATHS	_____	
<input type="checkbox"/> DISHWASHER	_____	
<input type="checkbox"/> WASHING MACHINES	_____	
<input type="checkbox"/> URINALS	_____	
<input type="checkbox"/> WATER HEATER	_____	
<input type="checkbox"/> FLOOR DRAINS	_____	
<input type="checkbox"/> HYDRANTS	_____	
<input type="checkbox"/> INTERCEPTORS	_____	
<input type="checkbox"/> INDIRECT WASTE	_____	
<input type="checkbox"/> GARBAGE DISPOSALS	_____	
<input type="checkbox"/> SUMPS	_____	
<input type="checkbox"/> PUMPS	_____	
<input type="checkbox"/> EJECTORS	_____	
<input type="checkbox"/> LAWN SPRINKLER &/or BACKFLOW PREVENTER	_____	
<input type="checkbox"/> OTHER _____	_____	
_____		
<input type="checkbox"/> SEPTIC TANK CONNECTION	_____	<input type="checkbox"/> NEW COMMERCIAL/INDUSTRIAL STRUCTURES PER UNIT \$50.00 Base Fee; \$10.00 for each fixture # of Units _____ <input type="checkbox"/> EXISTING COMMERCIAL STRUCTURE PER UNIT \$50.00 Base Fee; \$10.00 for each fixture # of Units _____ <input type="checkbox"/> UTILITY INSTALLATION- Plumbing Contractor should contact Fultondale Public Works Department before beginning. (205.841.0786)
<input type="checkbox"/> WATER SERVICE	_____	
<b>TOTAL FIXTURES</b> _____		

TOTAL FEE AMOUNT \$ \_\_\_\_\_  
TOTAL PERMIT COST \$ \_\_\_\_\_

I HEREBY CERTIFY THAT I HAVE READ THIS APPLICATION AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT AND THAT I AGREE TO COMPLY WITH ALL CITY ORDINANCES AND STATE LAWS REGULATING PLUMBING INSTALLATION. I AM THE OWNER OR AN AUTHORIZED TO ACT AS THE OWNER'S AGENT FOR THE HEREIN DESCRIBED WORK.

PLUMBING CONTRACTOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ City State Zip Code

EMAIL (REQUIRED): \_\_\_\_\_

(SIGNATURE OF MASTER PLUMBER OR PROPERTY OWNER, IF PERFORMING HIS OWN WORK)

\_\_\_\_\_  
BUILDING OFFICIAL DATE PERMIT FEE PERMIT NO.