



*City of Sullivan City*

## PLUMBING PERMIT APPLICATION

PHYSICAL ADDRESS WHERE WORK WILL BE DONE:		BUILDING CLASSIFICATION: ( ) RESIDENTIAL ( ) COMMERCIAL	
SUBDIVISION NAME:		LOT:	BLK:
<b>DESCRIPTION OF WORK</b>			
( ) NEW CONSTRUCTION ( ) REPLACE/REDO WATER LINES ( ) CONNECT TO SEPTICS OR SEWER ( ) OTHER Please describe _____ _____			
OWNER OF HOME OR BUSINESS:		PHONE: ( )	
PERSON/CONTRACTOR PERFORMING WORK:		PHONE: ( )	
NAME, ADDRESS AND PHONE NUMBER OF INSURANCE COMPANY (PLEASE SUBMIT CERIFICATE OF LIABILITY INSURANCE)			

\*Inspection Fee \$20.00

Signature \_\_\_\_\_ Date \_\_\_\_\_