

RESIDENTIAL ONLY

Thomas Collins Building
 540 South DuPont Hwy, Suite 5
 Dover, DE. 19901
 Phone: 302-741-9030
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**DELAWARE HEALTH
 AND SOCIAL SERVICES**
 Division of Public Health
 Environmental Health Field Services

Thurman Adams State Service Center
 544 South Bedford Street
 Georgetown, DE 19947
 Phone: 302-515-3280
 Fax: 302-515-3281

PLUMBING PERMIT APPLICATION

(PLUMBING PERMIT TO BE SECURED 24 HOURS BEFORE WORK STARTS)

PERMIT HOLDER INFORMATION

Name of Plumber (Print or Type) _____ Date _____

Signature & Licence # of Plumber: _____

Mailing Address of Permit Holder: _____

Email : _____ Fax Number: _____

Primary Contact Name & Number: _____ Builder/Owner: _____

The following abstract of specification of plumbing with description and plan is submitted for approval:

JOB SITE INFORMATION

Development _____ Lot No. _____

Road Name _____ Town _____

House Number _____ Kent or Sussex County _____

Directions _____

Number of Stories _____ **DESCRIPTION OF PLAN** Test Sheet _____

		FIXTURES	FOR OFFICE USE ONLY	
		How Many	Sticker #	UG
BATH	Toilet		Sticker # _____	UG _____
	Sink			
	Bath Tub			
	Shower		Sticker # _____	RI _____
	Bidet			
KITCHEN	Kitchen Sink		Sticker # _____	F _____
	Dishwasher			
	Ice Maker			
UTILITIES	Washer		NOTES (FOR OFFICE USE ONLY)	
	Utility Sinks			
	O/S Hose Bib			
	O/S Shower			
	Water Conditioner			
	Water Heater			
	Bar Sink			
	Back Flow			
OTHER				

Please make checks payable to the State of Delaware

The Division of Public Health has 3 working days to respond to an inspection request

DATE PERMIT ISSUED _____ NO: _____

PERMIT ISSUED BY _____