



Community Development Department Building Division

4200 Indian Bayou Trail, Destin, FL. 32541
Ph: (850) 654-1119 Fax: (850) 837-7949

Plumbing Permit Application

JOB SITE ADDRESS: _____ PROJECT NAME: _____

PARCEL ID: _____ LOT: ___ BLOCK: ___ SUBDIVISION: _____

DATE: _____ CONTRACTOR: _____

PROPERTY OWNER: _____ QUALIFIER NAME: _____

ADDRESS: _____ STATE LICENSE #: _____ COMP#: _____

CITY, STATE, ZIP: _____ ADDRESS: _____

PHONE: _____ FAX: _____ CITY, STATE, ZIP: _____

MOBILE/CELL: _____ PHONE: _____ FAX: _____

FPC CODE ISSUE: _____ CONTACT PERSON: _____

MOBILE/CELL: _____

BUILDING TYPE: SINGLE FAMILY MUTI FAMILY COMMERCIAL

GIVE DESCRIPTION OF WORK TO BE DONE: _____

IMPROVEMENT TYPE: NEW REPAIR REPLACE ADDITION SWIMMING POOL

NUMBER OF PLUMBING FIXTURES _____

- WATER SERVICE CONNECTION SEWER CONNECTION GREASE TRAP BACK-FLOW PREVENTER
- ROOF DRAIN FIRE SPRINKLER SYSTEM HOOD SUPPRESSION SYSTEM

TOTAL VALUE (MATERIAL & LABOR): \$ _____

If the direct contract is greater than \$2500.00, the applicant/owner must file a NOTICE OF COMMENCEMENT.

Application is hereby made to obtain a permit to do work and installation as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for BUILDING, ELECTRICAL, MECHANICAL, SIGNS, POOLS, ROOFING, and DOCKS, etc.

FINAL INSPECTION IS REQUIRED ON ALL PERMITS-Failure to obtain a final inspection may result in legal action.

Applicants Signature: _____ Date: _____

Reviewed By: _____ (Permit Official) Date: _____

Applicants Printed Name: _____ Date: _____

Received by: _____ (initials) Date: _____