

Charles County Department of Planning & Growth Management
 Permit Administration Division
 200 Baltimore Street
 P.O. Box 2150, La Plata, MD 20646
 (301) 645-0692 or (301) 870-3935 Fax: (301) 645-0575

Plumbing Permit No.:
Building Permit No.:
Property No.:
Date Issued:

Inspections - (301) 870-8710 or (301) 645-3302 Fax: (301) 885-2400

PLUMBING & GAS PERMIT



PLUMBING CONTRACTOR

PROPERTY OWNER

Company Name: _____
 Address: _____

 Phone Number: _____
 License No.: _____
 Signature of _____
 Master Plumber: _____
 Printed Name: _____

Name: _____
 Address: _____

 Phone No.: _____
 Signature of owner - if homeowner is doing work
 (Must pass exam - Plumbing Only, Not for Gas)

Address (Include ADC Map #, Grid #, Subdivision, Lot #, Floor #, etc.) _____

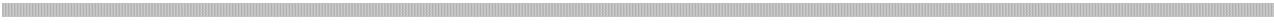
<p>Plumbing</p> <p><input type="checkbox"/> Sink <input type="checkbox"/> Lavatory <input type="checkbox"/> Laundry Tub <input type="checkbox"/> Slop Sink <input type="checkbox"/> Faucets* <input type="checkbox"/> Toilet <input type="checkbox"/> Urinal <input type="checkbox"/> Flushometer <input type="checkbox"/> Tub <input type="checkbox"/> Shower Stall <input type="checkbox"/> Faucet/Diverter <input type="checkbox"/> Backflow Preventer</p>	<p>Plumbing</p> <p><input type="checkbox"/> Dishwasher <input type="checkbox"/> Disposal <input type="checkbox"/> Icemaker <input type="checkbox"/> Water Heater <input type="checkbox"/> Washer Drain <input type="checkbox"/> Washer Water Conn <input type="checkbox"/> Drink Fountains <input type="checkbox"/> Floor Drain <input type="checkbox"/> Boiler <input type="checkbox"/> Hose Bib <input type="checkbox"/> Ejector Pump</p>	<p>Gas</p> <p><input type="checkbox"/> Furnace <input type="checkbox"/> Range <input type="checkbox"/> Water Heater <input type="checkbox"/> Grill <input type="checkbox"/> Fireplace</p> <p>Other _____ _____</p>
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*Faucets are counted as a fixture; therefore, provide the number of faucets required for each sink, lavatory, laundry tub, slop sink, bathtub and shower.

Inspections: Underground Rough-In Gas Pressure Test Final

Please check appropriate box.

Residential
 Commercial
 Manufactured or Industrialized Home



FOR OFFICE USE ONLY:

Application Fee: _____
 Inspection Fee: _____
 Total Fee: _____
 Name on Check: _____
 Permit Specialist Initials: _____

TREASURER VALIDATION