



THE CITY OF CLEBURNE

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APPLICATION FOR PLUMBING PERMIT

Date: _____

WORK LOCATION: _____

OWNER	ADDRESS	PHONE
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PLUMBER / IRRIGATOR	ADDRESS	PHONE
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BATH TUB _____	SPRINKLER SYSTEM _____
CONDENSATE DRAIN _____	BACKFLOW DEVICE:
DISHWASHER _____	0 to 2" _____
GAS SYSTEM _____	Over 2" _____
KITCHEN SINK _____	RP _____
LAVATORY _____	GREASE TRAP _____
SEWER / WATER _____	SAND TRAP _____
SHOWER BATH _____	FLOOR DRAIN _____
UTILITY SINK _____	URINAL _____
WASHING MACHINE _____	DRINKING FOUNTAIN _____
WATER CLOSET _____	
WATER HEATER _____	

NOTE: IT IS THE OWNERS RESPONSIBILITY TO COMPLY WITH ANY DEED RESTRICTIONS, ADA REQUIREMENT, OR ASBESTOS SURVEYS THAT SHALL BE REQUIRED PRIOR TO CONSTRUCTION / DEMOLITION PERMIT. I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT.

*******FAXING THIS PERMIT DOES NOT GUARANTEE THAT IT WILL BE ISSUED*****
*****PLEASE CALL THE PERMIT OFFICE BEFORE PLUMBING WORK BEGINS*******

Signature: _____