

# APPLICATION TO INSTALL SUPPLEMENTAL PLUMBING SYSTEMS IN BUILDINGS



DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS

**PERMIT OPERATIONS DIVISION**

1100 4th St., SW, Washington, DC 20024

Date:

**P PLUMBING PERMIT APPLICATION**  
**APPLICATION MUST BE COMPLETE IN ITS ENTIRETY**

Address of Work:	Suite/Room /Floor:	Square: Lot:	Building Permit #:
Owner of Building/Business:	Owner's Address:		Phone:

<b>TYPE OF WORK:</b>	<b>PROPOSED USE (CURRENT USE IF NO CHANGE)</b>		
a. New b. Replacement c. Remodeling d. Repair	A. Single Family	E. Restaurant	I. Office
	B. Two Family Flat	F. Store	J. Garage
	C. Rooming House	G. Shop	K. Other ( specify )
	D. Apartment	H. Theatre	

No.	Type	No.	Type
	Backflow Preventer		Gas Boiler
	Backwater Valve		Gas Broiler
	Basins		Gas Fireplace
	Bath Tubs		Gas Fryers
	Coffee Maker		Gas Furnaces
	Condensate Pump		Gas Grill
	Dishwashers		Gas Line Cut
	Down Spouts		Gas Line Test
	Drains: Floor/Area		Gas Ovens
	Drains: Roof		Gas Range
	Drinking Fountains		Gas Unit - Space Heaters
	Garbage Disposals		Nozzles Hoods and Ducts
	Grease Interceptors		Relocate - Gas/Water Meter
	Hose Bibs		Sewer Cap
	Ice Maker		Sewer Line Cut
	Laundry Tubs		Soil Waste Cut
	Refrigerator		Sprinkler NFPA 13
	Sewer Ejector		Sprinkler NFPA 13D
	Showers		Sprinkler NFPA 13R
	Sinks		Vent Line Cut
	Slop Sinks		Water Cap
	Sump Pump		Water Heater
	Urinals - Bidets		Water Line Cut
	Washer Box		
	Water Closets		

Master Plumber & Company Name And Address
Master Plumber or Gas Fitter Signature :
License No.:
Phone: _____
OTHER:

**TO REPORT WASTE, FRAUD OR ABUSE BY ANY DC GOVERNMENT OFFICE OR OFFICIAL, CALL THE INSPECTOR GENERAL AT 1-800-521-1639**

**ALL CALLS ARE CONFIDENTIAL**

