

# RESIDENTIAL PLUMBING PERMIT



PO BOX 5604  
5160 YELLOWSTONE  
CHUBBUCK ID 83202

OFFICE:  
INSPECTION LINE:  
FAX:

208-237-2430  
208-417-7176  
208-238-2371

Plumbing Permit Number **CP21-**\_\_\_\_\_

PROJECT ADDRESS:	DESCRIPTION OF WORK
Application Date:	
Project Name	
Permit Type	

		State Contractor #	
<b>OWNER</b>		<b>CONTRACTOR</b> Name:	
Name:		Business Name:	
Street Address:		Street Name:	
City, State Zip:		City, State Zip	
Phone Number:		Phone Number:	
		Cell Phone :	
		E-mail:	
		Fax:	

ISSUE FEES	Quantity	Unit price	Total
Base Fee		\$30.00	
Plumbing Fixtures Count		\$6.00	
Water Heater Replacement		\$15.00	
*Lawn Sprinklers (Backflow Preventer Device)		\$15.00	
Water Line Separate		\$25.00	
Sewer Line Separate		\$25.00	
Water & Sewer Together		\$40.00	
<b>TOTAL</b>			

\*Initial Here: \_\_\_\_\_ After completion, I will submit the Backflow Test results from a Certified Tester, along with a description of the type and location of the device to the City of Chubbuck.