



Town of Pantego
1614 S. Bowen Rd., Pantego, TX 76013
(817)617-3700 or (817)617-3726 Fax
info@townofpantego.com

PLUMBING PERMIT APPLICATION

PROPERTY INFORMATION

Project Address: _____ Suite: _____

PROPERTY OWNER INFORMATION

Owner Name: _____ Phone: _____

Address: _____ Suite: _____

City: _____ State: _____ Zip Code: _____

CONTRACTOR INFORMATION

Company Name: _____ Website: _____

Address: _____ Suite: _____

Phone: _____ Fax: _____ Email: _____

TX Driver's License #: _____ State Plumbing License #: _____

Town of Pantego Contractor Registration #: _____ Expiration: _____

AUTHORIZATION

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. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local ordinances regulating construction, the performance of construction or the use of any land or buildings.

Print Name of Applicant: _____ Date: _____

Signature of Applicant: _____

Applicant is: Contractor Homeowner Authorized Agent

For future reference: your permit application number is: _____. The review of your application will not start until all appropriate review fees have been paid, addresses verified and correct number and types of plans received.

FOR OFFICE USE ONLY

PERMIT	1217	\$ _____	PERMIT NUMBER: _____
PLAN REVIEW	1990	\$ _____	RECEIVED BY: _____
			TIME & DATE: _____
			BUILDING INSPECTOR APPROVAL: _____

PAID Plan Review: YES NO N/A – date: _____ receipt #: _____

PROJECT INFORMATION

Is Project Work in Conjunction with an existing Building Permit: YES NO

IF YES: Please provide the Building Permit # _____; **and** check which type of permit:

Addition New Construction New Construction - Shell Interior Finish Remodel/Alt./Repair

IF NO: Please check one: New/Upgrade Repair/Replace Existing

and provide the following information:

Estimated value of the project work? _____

Are you Installing or Replacing Water Heater(s): YES NO

IF YES: How many Water Heaters: Gas _____ Electric _____

Are you Installing or Replacing a Water Line and/or Sewer Line: YES NO

Are you Installing or Replacing an Existing Gas Line: YES NO

Are you Installing a New Gas Line: YES NO

IF YES: How many Outlets: _____

Are you Installing Fixtures: YES NO

IF YES: How many of each:

Water Closets: _____

Lavatories: _____

Sinks: _____

Tubs: _____

Shower Pans: _____

Are you Installing or Replacing Interceptor(s) or Trap(s): YES NO

IF YES: How many total devices: _____

Are you Installing or Replacing a Backflow Prevention Device: YES NO

IF YES: How many total devices: _____

Are you Installing an Irrigation System: YES NO