

Plumbing Permit Application



The Mayor & Council of Middletown
19 West Green Street
Middletown, DE 19709

Phone: (302) 378-1171 Fax: 302-378-5675
www.middletown.delaware.gov
permits&inspections@middletown.delaware.gov

| | | | |
|--|--|---|-------------------------|
| JOB LOCATION: | | DATE: _____ | |
| Tax Parcel # _____ [_____] | | Lot _____ | Bldg. _____ Suite _____ |
| Street No.: _____ Street: _____ | | | |
| Subdivision: _____ | | Section: _____ | Code _____ |
| APPLICANT <i>(Individual Applying For Permit)</i> | | | |
| Name: _____ | | Phone #: _____ | |
| Address: _____ | | Cell #: _____ | |
| City, State: _____ | | Fax #: _____ | |
| Zip Code: _____ | | Email: _____ | |
| Applicant's Signature: _____ | | | |
| PROPERTY INFORMATION | | | |
| Name: _____ | | Phone #: _____ | |
| Address: _____ | | Cell #: _____ | |
| City, State: _____ | | Fax #: _____ | |
| Zip Code: _____ | | Email: _____ | |
| CONTRACTOR | | Middletown Business License #: _____ - _____ | |
| Name: _____ | | Phone #: _____ | |
| Address: _____ | | Cell #: _____ | |
| City, State: _____ | | Fax #: _____ | |
| Zip Code: _____ | | Email: _____ | |
| License Holder's Signature: _____ | | License Holder's State License #: _____ | |
| IMPORTANT NOTICE: <i>It is the responsibility of the Licensed Contractor to contact this office for all required inspections, including the Final Inspection. Failure to do so may result in penalties being instituted against your license.</i> | | | |
| ALL APPLICABLE INFORMATION MUST BE FILLED OUT | | | |
| BUILDING PERMIT NO.: _____ | | NEW INSTALLATION _____ RENOVATION _____ | |
| _____ Residential _____ Commercial | | _____ Other | |
| DESCRIPTION OF JOB: _____ | | | |
| Size of building drain _____ | | Size of soil stack _____ | |
| Size of building sewer _____ | | Size of stack vent _____ | |
| Distance between sewer lateral and building _____ | | | |
| Source of water supply: Public supply _____ Private well _____ | | | |
| Water Heater: Size _____ gallons Make _____ Model # _____ | | | |
| Location _____ | | Fuel Source _____ | |
| FOR NEW INSTALLATIONS, PLEASE INCLUDE THREE (3) COPIES OF DRAIN/WASTE/VENT DRAWINGS | | | |
| Number of fixtures _____ | | Cost of Materials: _____ | |
| Number of water heaters _____ | | | |
| Number of sewer laterals _____ | | | |
| Number of water services _____ | | | |
| Grease trap / grease interceptor installation _____ | | | |
| VALIDATION | | OFFICE USE ONLY | |
| Plan Examiner: _____ Date: _____ | | Plan Review Fee: _____ Inspection Fee: _____ | |
| Application ID #: _____ | | _____ Date: _____ | |