



CITY OF PIGEON FORGE PLUMBING PERMIT APPLICATION
 PROPOSED PLUMBING WORK

Plumbing Permit Number _____

_____ 20____ WE PROPOSE PLUMBING INSTALLATION FOR _____
 (Owner/Owners)

AT _____ Phone _____ BLDG Permit No. _____
 Street Address (MUST include street number)

Applications & checks will NOT be accepted by the City until a Building Permit has been issued.

QTY	ITEM	EACH	Total
	PLUMBING PERMIT		\$35.00
	Water connection	\$5.00	
	Sewer	\$5.00	
	Sewer Replaced or Repair	\$5.00	
	Drainage and Vent Piping, Installations, Repair and Alteration	\$5.00	
	Installation or repair of water piping	\$5.00	
	Water Closet	\$5.00	
	Urinal	\$5.00	
	Bath Tub	\$5.00	
	Shower Bath	\$5.00	
	Whirlpool/Jacuzzi	\$5.00	
	Lavatory	\$5.00	
	Kitchen Sink	\$5.00	
	Floor Sink	\$5.00	
	Bar Sink	\$5.00	
	Hand Sink	\$5.00	
	Mop Sink	\$5.00	
	Three-Compartment Sink	\$5.00	
	Service Sink	\$5.00	
	Shampoo Bowl	\$5.00	
	Roof Overflow/Roof Drain System	\$5.00	
	Grease Interceptor	\$5.00	
	Water Heater	\$5.00	
	Dish Washer	\$5.00	
	Washing Machine	\$5.00	
	Disposal Unit	\$5.00	
	Garbage Can Wash	\$5.00	
	Floor Drains	\$5.00	
	Water Fountains	\$5.00	
	One Device:	\$5.00	
	Each Additional Device:	\$5.00	
	OTHER:	\$5.00	
	DOUBLE FEE? Yes ___ No ___	TOTAL AMOUNT DUE \$	
RE-INSPECTION:			
	Required Inspections & First Re-inspection		NO CHARGE
	Second Re-inspection		\$25.00
	Third Re-inspection		\$50.00
	Each Subsequent Re-inspection		\$50.00

- Bring or mail this completed application to the City of Pigeon Forge Plumbing Inspections Department, 225 Pine Mt. Rd., PO Box 1350, Pigeon Forge, TN 37868.
- This is not a permit to proceed with any of the work indicated above and no Plumbing work shall be done in the City of Pigeon Forge until a permit therefore has been issued.
- Inspections of plumbing installations will be conducted with all applicable codes adopted by the City of Pigeon Forge. 2006 International Plumbing Code, - 2004 NCHC, - City of Pigeon Forge Ordinances for Plumbing Installations.

Contractor's Name _____ Contact Person's Name _____ Authorized Signature _____

Contractor's Address _____ City, State _____ Zip _____

Company Phone _____ Contact Person's Phone _____