



PLUMBING PERMIT APPLICATION

City of Lindale
 P.O. Box 130 /105 Ballard Dr.
 Lindale, TX 75771
 Phone: 903-882-6861 Fax: 903-881-8170
 Email: iselag@Lindaletx.gov

Application Date: _____

Permit # _____
 (Office use only)

Street Address of Proposed Project	Suite/Bldg.	Building Use: <input type="checkbox"/> Commercial <input type="checkbox"/> Residential
Owner / Tenant Name	Phone Number	Type of work: <input type="checkbox"/> New Construction <input type="checkbox"/> Remodel <input type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> Gas Line Pressure
To be completed about (Date)		Estimated Valuation Job Cost for Commercial Only (Please fill in)

Type	Number	Type	Number
Baths/Shower		Sinks/ Mop Sink	
Dishwasher		Sewer Ejector	
Drinking Fountains		Special Wastes	
Floor Drains/Catch Basin		Stacks	
Garbage Disposal		Sump	
Gas Opening		Urinal	
Grease Trap		Wet bar	
Humidifier		Water Closet	
Laundry or Wash Tray		Water Distribution Systems	
Lavatory		Water Heater Electric () Gas ()	
Rainwater Leaders		Miscellaneous Fixtures	

PERMIT FEE COST:
New Construction \$7.00 each fixture - \$60.00 Minimum
Residential Remodel \$7.00 each fixture - \$60.00 Minimum
Commercial Remodels \$60.00 + \$6.00 per \$1,000 valuation

Total Number of Fixtures	
Fee (# fixtures X \$7.00)	

FEES DOUBLE IF STARTED WITHOUT A PERMIT

Gas Line Pressure Test	\$25.00
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Company Name	Plumber License #		
Address	City	State	Zip code
Phone Number	Fax Number	Email	

If the residence was built prior to 1978 and work is being done by anyone other than the homeowner, on their homestead, the Lead PRE Rule, governed by the Environmental Protection Agency, must be complied with.

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Applicant/Responsible person in charge of work _____ Title _____ Phone Number _____ Date _____

Approved Denied:

Reviewed by _____ Date _____