



MIDDLE DEPARTMENT INSPECTION AGENCY, INC.

App.
No.:

APPLICATION FOR PLUMBING INSPECTION

APPLICANT: PLEASE PRINT FIRMLY.		Permit #	Date					
Municipality		County	State					
Lot		Street Address			Zip			
Owner			Occupant					
Occupied As								
Authorized Agent			Phone #					
Applicant's Signature <small>Applicant has read and agrees to terms and conditions on reverse side.</small>			Municipal water <input type="checkbox"/> Type of Work - <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION Municipal sewer <input type="checkbox"/> Use & Occupancy Class. (IBC Chap. 3) - _____ Septic system <input type="checkbox"/> Well water <input type="checkbox"/>					
T/A		License #						
Applicant's Address								
City	State	Zip Code						
Phone #								
LIST ALL EQUIPMENT BELOW:		CALL 24 HOURS PRIOR TO INSPECTION						
<input type="checkbox"/>	Sewer Lateral	<input type="checkbox"/>	Urinal	<input type="checkbox"/>	Grease Trap	<input type="checkbox"/>	Back Flow Preventor	
<input type="checkbox"/>	Water Lateral	<input type="checkbox"/>	Kitchen Sink	<input type="checkbox"/>	Slop Sink	<input type="checkbox"/>	Other:	
<input type="checkbox"/>	Bathtub	<input type="checkbox"/>	Dishwasher	<input type="checkbox"/>	Sewage Ejector	<input type="checkbox"/>		
<input type="checkbox"/>	Lavatories	<input type="checkbox"/>	Garbage Disposal	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>		
<input type="checkbox"/>	Shower Stall	<input type="checkbox"/>	Laundry Tray	<input type="checkbox"/>	Water Heater	<input type="checkbox"/>		
<input type="checkbox"/>	Water Closet	<input type="checkbox"/>	Clothes Washer	<input type="checkbox"/>	Drinking Fountain	<input type="checkbox"/>		
FOR AGENCY USE ONLY:				Code	Date	Insp. initials and #	Approved	Rejected
COMMERCIAL		Fee		Plan Review				
A.	# fixtures			Underground				
B.	Sewer lateral			Rough-in				
C.	Water lateral			Testing by Permit holder - water				
D.	Other			Testing by Permit holder - sewer				
RESIDENTIAL				Final				
E.	# bathrooms			Other				
F.	Sewer lateral							
G.	Water lateral							
H.	Other							
I.	Plan Review			Notified / Date				
TOTAL FEE:			\$	Municipality	Applicant	Contractor	Lender	Owner
Fee Paid <input type="checkbox"/>		Check #						