



MIDDLE DEPARTMENT INSPECTION AGENCY, INC.

App.  
No.:

APPLICATION FOR PLUMBING INSPECTION

<b>APPLICANT: PLEASE PRINT FIRMLY.</b>		Permit # _____	Date _____					
Municipality _____		County _____	State _____					
Lot _____		Street Address _____			Zip _____			
Owner _____			Occupant _____					
Occupied As _____								
Authorized Agent _____			Phone # _____					
Applicant's Signature _____		Applicant has read and agrees to terms and conditions on reverse side.						
T/A _____		License # _____		Municipal water <input type="checkbox"/>				
Applicant's Address _____				Municipal sewer <input type="checkbox"/>				
City _____		State _____		Zip Code _____		Septic system <input type="checkbox"/>		
Phone # _____				Well water <input type="checkbox"/>				
<b>LIST ALL EQUIPMENT BELOW:</b>			<b>CALL 24 HOURS PRIOR TO INSPECTION</b>					
<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"/>		
<b>FOR AGENCY USE ONLY:</b>				Code	Date	Insp. initials and #	Approved	Rejected
<b>COMMERCIAL</b>		<b>Fee</b>		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				
<b>RESIDENTIAL</b>				Final				
E.	# bathrooms			Other				
F.	Sewer lateral							
G.	Water lateral							
H.	Other							
I.	Plan Review			<b>Notified / Date</b>				
<b>TOTAL FEE:</b>		\$ _____		Municipality	Applicant	Contractor	Lender	Owner
Fee Paid <input type="checkbox"/>		Check # _____						