



Construction Services & Permitting Plumbing Worksheet & Subcontractor Job Information

Permit # _____ Job Address _____ Job Cost _____

Contractors Name _____ Company _____

Installation Information:

Indicate Number of Items: (If you are permitting work that is part of an overall building project, your counts must match those made during the initial Plumbing review.)

Bathroom:

- _____ Bathtub
- _____ Shower
- _____ W C
- _____ Urinal
- _____ Lav
- _____ Bidet
- _____ Spa
- _____ Other _____

Kitchen:

- _____ Dishwasher
- _____ Disposal
- _____ Grease Trap
- _____ Mop Sink
- _____ 3 Compartment
- _____ Floor Drain
- _____ Kitchen Sink
- _____ Hub Drain
- _____ Hand Sink
- _____ Floor Sink
- _____ Other _____

Miscellaneous:

- _____ Drinking Fountain
- _____ Laundry Sink
- _____ Lint Trap
- _____ Hair Trap
- _____ Roof Drain
- _____ Water Heater
- _____ft. Storm Sewer
- _____ft. Sanitary Sewer
- _____ft. Water Line
- _____ French Drain
- _____ Backflow Device
- _____ Sump Pump

On any sewer replacement please indicate in work description if it is a partial or complete replacement.

Work Description _____

Subcontractor Information (replaces Job Card)

State License # _____ PCCLB License # _____

Subcontractor's Telephone # (_____) _____

I certify that all information in this application is true and correct. Any changes in the information listed above will have to be revised and approved prior to inspections.

Printed Name _____

License holder or Designee

Signature _____ Date _____

Mail or Fax to:
City of St. Petersburg, Construction Services and Permitting Division
P.O. Box 2842, St. Petersburg, Florida 33731-2842
Fax # (727)892-5447

Tech initials _____ Date Rec'd _____

