

Date: _____

Permit # PL _____

Permit Fee: _____

PLUMBING PERMIT APPLICATION

City of Newport News
Department of Codes Compliance
2400 Washington Avenue 3rd floor, Newport News, Virginia 23607
757-933-2311/757-926-8311 (fax) /codesclerical@nnva.gov
www.nnva.gov/codes-compliance

Application #: _____

Associated Building Permit #: _____

Building Permit #: _____

Project Address: _____ Unit: _____ Parcel ID: _____

Applicant (Check One) → Owner Contractor Agent Design Professional

<input type="checkbox"/> Property Owner <input type="checkbox"/> Tenant Name _____ Address _____ City/State/Zip _____ Phone # _____ Fax # _____ Email Address _____	Applicant Name _____ Phone # _____ Applicant Address _____ Contractor Business Name _____ Phone # _____ Contractor Address _____ Contractor State License # _____ Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C CID # _____ Email/Other Contact Information _____
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Work to be performed on:

Type of work:

Residential

Commercial

Multi-Family

New Structure Repair/Alt

Addition Other

Project Cost \$ _____

I agree to perform above work in compliance with the ordinances & regulations of the City of Newport News and the Virginia Uniform Statewide Building Code.

Print name _____ Signature _____ Date _____

Remarks _____

QUANTITY & TYPE OF FIXTURES

_____ Water Closet	_____ Clothes Washer	_____ Water Service Line	_____ Area Drain	_____ Medical Gas Piping System	Other _____
_____ Lavatory	_____ Dishwasher (Domestic)	_____ Sewer – Sanitary	_____ Roof Drain	_____ Drainage/Waste/Vent/Bldg	_____
_____ Shower	_____ Dishwasher (Commercial)	_____ Sewer Connection	_____ Sewage Ejector/Pump	_____ Water Distribution System	_____
_____ Bathtub	_____ Drinking Fountain	_____ Sewer – Storm	_____ Other Appliance/Device	_____ Manhole – Sanitary	_____
_____ Urinal	_____ Other Fixture	_____ Hub Drain	_____ Grease Interceptor/GRD	_____ Manhole – Storm	_____
_____ Sink	_____ Water Heater (Electric)	_____ Floor Drain	_____ Oil Separator	_____ Sewer Cap/Cleanout	_____
_____ Service Sink	_____ Water Heater (Gas)	_____ Floor Sink	_____ Gas Piping System	_____ Backflow Prevention Device	_____

Office Use Only

Remarks: _____

Cash: _____ Check: _____ Escrow: _____

Customer ID #: _____

Approved By: _____ Date: _____

Cashier: _____