

CITY OF SALISBURY

George Wilkerson
 Plumbing Inspector
 410-548-3130

Department of Infrastructure & Development
 125 N. Division St., Rm#202
 Salisbury, Maryland 21801
 www.salisbury.md

Member:
 ICC
 NFPA
 MBOA

PLUMBING PERMIT APPLICATION

Date:	Permit #
Location:	Describe Work:
Owner's Name:	Plumber's Name: LIC. #
Address:	Address:
City: State: Zip:	City: State: Zip:
Check Two:	Plumber's Ph#:
Water Service: <input type="checkbox"/> New <input type="checkbox"/> Existing	Foreman's Ph#
Sewer Service: <input type="checkbox"/> New <input type="checkbox"/> Existing	Email:
Building Use: <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Storage	

Qty	ITEM	FEE	TOTAL
	Water Closet	\$10	
	Bath Tub	\$10	
	Shower	\$10	
	Wash Basin Lavatory	\$10	
	Kitchen Sink	\$10	
	Drinking Fountain	\$10	
	Laundry Tray	\$10	
	Mop Sink	\$10	
	Automatic Washer	\$10	
	Water Heater	\$10	
	Urinal	\$10	
	Automatic Dish Washer	\$10	
	2/3 Compartment Sink	\$10	
	Fixtures Not Listed	\$10	
	Outside Faucet	\$10	
	Water Distributing Pipe	\$15	
	Building Drainage	\$15	
	Water Service Pipe	\$30	
	Building Sewer	\$30	
	Interceptor-Grease-Oil-Sand	\$75	
	Non Testable Back Flow Device	\$10	
	Testable Backflow Assembly	\$100	
	Sewage Pump	\$20	
	Backwater Valve	\$20	
	Fire Water Service Pipe	\$50	
PERMIT BASE FEE			\$30
TOTAL FEES DUE		\$	

PERMIT REQUIREMENTS

I hereby understand that whenever, the opinion of the Building Official, drawing and specifications are required, I shall furnish such drawings and specifications.

I further understand that it is my responsibility to stand for all required inspections & to provide reasonable advance notice to the Department of Building, Permitting & Inspections when plumbing work is ready for inspection.

I acknowledge that I have read this application and state the above is correct. Furthermore, I agree to comply with all city ordinances and state laws regulating plumbing work.

I certify that I am a registered and licensed master plumber as required by the City of Salisbury and the State of Maryland.

Signature of Master Plumber *Date*

OFFICE USE ONLY

Date Paid: _____ **Cash/Check:** _____

Approved for Code Compliance

Issued Date:

Note: A Certificate of Insurance must be provided