



Community Development and Neighborhood Services
 281 N College buildingservices@fcgov.com
 Fort Collins, CO 80524 970-416-2740

PLUMBING PERMIT APPLICATION

Application # _____
 Date Received _____

ALL information is REQUIRED. Incomplete applications will not be accepted.

Job Site Address

Address _____ City/State/Zip _____

Property Owner Information

Name _____ Phone Number _____

Address _____ City/State/Zip _____

RESIDENTIAL
 Single Family Detached
 Townhome (attached)
 Duplex
 Apartment/Condo
 Garage/Other
 COMMERCIAL
 Bank
 Bar
 Church
 Hotel/Motel
 Medical Office
 Office
 Retail
 Restaurant

Value of Work

Labor and Materials \$ _____

Scope of Work

Sewer line replacement / new Feet to be replaced / installed _____
 Water line replacement / new Feet to be replaced / installed _____
 Gas line replacement / new Feet to be replaced / installed _____
 Other plumbing work _____

Additional Information
(if applicable)

Plumbing Contractor or Excavation Company

Name _____

Address _____ City/State/Zip _____

Phone Number _____ Email _____

License Number _____

I hereby acknowledge that I have read this application and state that the above information is complete and correct. I agree to comply with all requirements contained herein and city ordinances and state laws regulating building construction. I know that a permit is not valid until it has been paid and issued.

<i>Print Name</i>	<i>Signature</i>	<i>Date</i>
-------------------	------------------	-------------