

Public Services / Plumbing Fixture Summary Permit # _____

To be completed by Contractor/Owner/Applicant and attached to all Building Permit Applications and Certificate of Occupancy Applications. **Indicate the number of EXISTING and NEW plumbing fixtures** to be incorporated in the building. **This will determine the fees that will be charged**

Commercial buildings MUST specify meter size desired: _____

Is there a sprinkler system in this building? Yes No
 Has there ever been a structure at this location? Yes No

If so, how was water and sewer provided? Please circle one
 Water: CITY COUNTY WELL UNSURE Please circle one
 Sewer: CITY COUNTY SEPTIC UNSURE Please circle one

Will there be an irrigation system? Yes No **Size of Meter:** _____

Fixture Description	Type (Circle the appropriate type where indicated)	Number of Existing Fixtures	Number of New Fixtures	Total Number of Fixtures
Toilet	Flush Tank Or Flush Valve			
Bathroom Sink				
Bidet				
Urinal	3/4" Flush Valve Or 1" Flush Valve			
Bathtub/Shower Combination				
Stand Alone Shower Stall				
Stand Alone Tub (No Shower)				
Kitchen Sink				
Fountain Drink Machine				
Drinking Fountain				
Clothes Washing Machine				
Dishwashing Machine				
Outside Water Spigots				1
Service Sink				
Mop Sink				
Other (Please Describe)				

Misinformation or Failure to fill out this form completely will cause a delay in Permit Issuance
I attest that this is a correct fixture count to the best of my knowledge

Signature of Applicant: _____ Date: _____

