

Plumbing Application Residential

Essex County

P.O. Box 549

Tappahannock, Va. 22560

Phone: (804)-443-4951

Fax (804)445-8023

Owner _____

Contractor _____

Address _____

Address _____

Phone _____

Phone _____

License No: _____

Associated Permit _____

Tax Map # _____

Directions to site _____

Bathtubs _____ # Sinks _____ # Showers _____

Water Closets _____ # Water Heaters _____ # Disposal _____

Dishwashers _____ # Clothes Washers _____ # Hose Bibs _____

Water Pump ___Y___N Sump Pump _____ Septic Pump _____

Septic Line _____ Water Line _____

Other _____

COST OF CONSTRUCTION \$ _____

ISSUANCE OF THIS PERMIT SHALL NOT BE HELD TO PERMIT OR TO BE AN APPROVAL OF A VIOLATION OF ANY PROVISION OF COUNTY ORDINANCES OR STATE LAWS. I HERBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICAITON AND KNOW THE SAME TO BE TRUE AND AGREE TO COMPLY WITH ALL COUNTY ORDINANCES AND STATE LAWS REGULATING BUILDING OCNSTRUCTION AND USE.

Applicant/Authorized Agent _____ Date _____