

Activity Number: \_\_\_\_\_

For Office Use Only

# PLUMBING PERMIT APPLICATION WORKSHEET

## ROUTT COUNTY REGIONAL BUILDING DEPARTMENT

**Project Address:** \_\_\_\_\_ **Parcel ID Number:** \_\_\_\_\_  
**Legal Description:** \_\_\_\_\_

**Property Owner:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Owner's Mailing Address:** \_\_\_\_\_  
City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Tenant:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Tenant's Mailing Address:** \_\_\_\_\_  
City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Contractor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Contractor's Mailing Address:** \_\_\_\_\_  
City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Architect:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Architect's Mailing Address:** \_\_\_\_\_  
City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Engineer:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Engineer's Mailing Address:** \_\_\_\_\_  
City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Main Plumbing Permit Yes <input type="checkbox"/> No <input type="checkbox"/>		Supplemental Permit Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b><u>Fixture/Traps:</u></b>	<b><u>Other Items:</u></b>	<b><u>Manufactured Homes:</u></b>	
Water Closet .....	Repair Drain/Vent Piping .....	Plumbing Permit .....	
Bidet .....	Water Piping .....	Hookup .....	
Urinal .....	Water Heater/Vent .....		
Bathtub .....	Gas Piping (Outlets) .....		
Shower .....	Roof Drains .....		
Lavatory .....	Graywater System .....		
Kitchen Sink .....	Medical Gas Inlets/Outlets .....		
Dishwasher .....	Grease/Sand Trap/Interceptor .....		
Bar Sink .....	Miscellaneous Equipment .....		
Washing Machine .....	Backflow Prevention up to 2" .....		
Laundry Tub .....	Backflow Prevention >2" .....		
Service Sink .....			
Floor Sink .....			
Floor Drain .....			
Dental Sink .....			
<b>Total Traps .....</b>			