



Town of Windermere

614 Main Street
 P.O. Drawer 669
 Windermere, FL 34786
 Phone: 407-876-2563

Date: _____

Permit No: _____

Application for Plumbing Permit

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

PLEASE PRINT

The undersigned hereby applies for a permit to make plumbing installations as indicated below on property.

Project Address _____, Windermere 34786
 Property Owner _____ Phone _____
 Property Owner's Mailing Address _____

Tax I.D. Number: Section _____ Township _____ Range _____ Sub _____ B&L _____
 Legal Description: Lot _____ Block _____ Subdivision _____

Class of Building: Old New Type of Building: Residential Commercial Other
 Type of Work: New Alteration Addition Repair Type of System: Sewer Septic Re-pipe

Date First Inspection Desired: _____ or will call for inspection **VALUATION OF JOB** _____
 Valuation of all materials, labor, and fixtures installed

FIXTURES	NUMBER	FEE	FIXTURES	NUMBER	FEE
Water Closets (Toilet)			Dishwashers		
Bathtubs			Laundry Tubs		
Urinals			Floor Drains		
Disposals			Grease Traps		
Washing Machines			Trailer Connections		
Water Heaters			Spa		
Sewer			Solar		
Catch Basins/Sumps			Pool Piping		
Service Sink			Irrigation: (# Systems / # Heads)		
Lavatory (Bathroom Sink)			Water Softener		
Showers			Re-pipe		
Sinks			Miscellaneous (Specify)		
Total Fees			Total Fees		
			Grand Total Fees		

I hereby certify that the above is true and correct to the best of my knowledge.

PLEASE PRINT

Name of Active Certificate Holder (Master Plumber) _____ **REVIEWER** _____

I hereby make Application for Permit as outlined above, and if same is granted I agree to conform to all Florida Building Code Regulations and Town Ordinances regulating same and in accordance with plans submitted. The issuance of this permit does not grant permission to violate any applicable Town and/or State of Florida codes and/or ordinances.

Authorized Signature (License Holder or Agent) _____

Street Address _____

City _____ State _____ Zip Code _____ Phone Number _____

NOTE: The Building Permit Number is required if the Plumbing Installation is associated with any construction or alteration where a Building Permit has been issued.

Building Permit Number _____