

RESIDENTIAL PLUMBING PERMIT

Property Owner(s) Name(s) _____

Current Mailing Address
City _____ State _____ Zip _____

Telephone Number _____ Cell Number _____

Fax Number _____ Email Address _____

PERMIT / JOB ADDRESS

Parcel (Property Tax ID) Number: 34- _____ - _____ - 000 - _____ - _____

House Number _____ Road / Street _____

Which side of road: North South East West

Between (closest roads) _____ & _____

PLUMBING CONTRACTOR/APPLICANT

Business/Individual Name _____

Current Mailing Address _____

City _____ State _____ Zip _____

Telephone Number _____ Cell Number _____ Fax Number _____

Email _____

- Federal ID No/Social Security No.* _____
- MESC Employer No. **[MANDATORY FOR CONTRACTORS WITH EMPLOYEES]** _____
- Workers' Disability Compensation Carrier* _____

Contractor's (Licensee's) Name _____
[AS APPEARS ON LICENSE]

Contractor's License No. _____ Expiration Date _____
[MANDATORY] Mo./Day/Year

Master Plumber's (Licensee's) Name _____
[AS APPEARS ON LICENSE]

Master's License No. _____ Expiration Date _____
Mo./Day/Year

*If exempt, explain here: _____

