

CITY OF FORT PAYNE

Inspections Department

100 Alabama Avenue N.

Fort Payne, Alabama 35967

Telephone: (256) 845-5180

FAX: (256) 845-5157

Permit No:	_____
Associated with:	_____
Date issued:	_____

I, the undersigned, hereby make application to the Building Inspections Department of the City of Fort Payne for a permit to repair, install and/or add water and/or sewage fixtures to the facility located at the specified address. I understand that all work must be in compliance with the requirements of the Standard Plumbing Code and the laws and ordinances of the State of Alabama and the City of Fort Payne, and cannot begin until a permit is issued. I further understand that all work must be inspected while in progress.

Owner:	
Owner address:	
Owner telephone:	
Job location:	
Contractor:	
Licensed:	City: () Yes () No State: () Yes () No
Residential:	() Yes () No
Sewer:	() City sewer system () Septic tank
Commercial and industrial:	
<input type="checkbox"/> Issuance: _____	<input type="checkbox"/> Water heater exchange: _____
<input type="checkbox"/> Sewer connection: _____	<input type="checkbox"/> Bath tubs: _____
<input type="checkbox"/> Backflow preventor: _____	<input type="checkbox"/> House closet: _____
<input type="checkbox"/> Dishwasher: _____	<input type="checkbox"/> Kitchen sink: _____
<input type="checkbox"/> Urinals: _____	<input type="checkbox"/> Showers: _____
<input type="checkbox"/> Drinking fountains: _____	<input type="checkbox"/> Lavatories: _____
<input type="checkbox"/> Floor drain: _____	<input type="checkbox"/> Washing machine: _____
<input type="checkbox"/> Water heater: _____	<input type="checkbox"/> Mop sink: _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> TOTAL FIXTURES: _____
Residential:	
<input type="checkbox"/> No. of baths _____	<input type="checkbox"/> Water heater exchange: _____
<input type="checkbox"/> Remodel _____	<input type="checkbox"/> Sewer replacement _____
Total fee:	\$ _____

OWNER/CONTRACTOR: _____

PLUMBING INSPECTOR: _____