CITY OF FAIRBANKS

PLUMBING PERMIT APPLICATION

APPLICANT TO COMPLETE NUMBERED SPACES ONLY **PLEASE PRINT**

OFFICE STAMP ONLY

TIME:

1. DATE **2.** JOB ADDRESS

3. LEGAL DESCRIPT. LOT NO. BLK SUBDIVISION **4.** JOB NAME

5. OWNER MAIL ADDRESS ZIP PHONE

6. PLUMBING FIRM MAIL ADDRESS ZIP PHONE FAX

7. ENGINEER MAIL ADDRESS ZIP PHONE FAX

8. DESCRIBE WORK (ATTACH DWV/OTHER ISOMETRIC OR RISER DIAGRAM)

9. FUEL ☐ FUEL OIL ☐ NATURAL GAS ☐ PROPANE

11. CLASS OF WORK

☐ NEW ☐ ADDITION ☐ ALTERATION ☐ REPLACEMENT

12. USE OF STRUCTURE

CONDITIONS

10. QTY	FIXTURE/EQUPMENT/FLOOR-ROOF DRAIN	FEE (OFFICE)	
	WATER HEATER		
	MED. GAS ____-OUTLET SYSTEM		

13. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

SIGNATURE OF CONTRACTOR OR AGENT PRINT CONTACT PHONE

SUBTOTAL		
PLAN CHECK		
PERMIT		
TOTAL		

14. COF QUALIFIED PLUMBING CONTRACTOR (MASTER PLUMBER) LICENSE EXPIRATION DATE

APPROVED FOR ISSUE BY:

15. E-MAIL/OTHER CONTACT INFORMATION

DATE:

CITY OF FAIRBANKS BUILDING DEPARTMENT 800 CUSHMAN STREET PHONE 459-6720 FAX 459-6719