

CITY OF MILAN
BUILDING AND CODES DEPARTMENT

1061 South Main Street, Milan, TN 38358
Phone (731) 686-0774 Fax (731)686-2986

APPLICATION FOR PLUMBING PERMIT

Zoning Class _____ **(Office Use Only)**

Application is hereby made to the Building Inspector of City of Milan for the approval of plans, herewith submitted (if requested by Inspector) for the erection of the building herein described. All provisions of the Building Laws and Zoning Law shall be complied with in the erection of said building(s) whether specified or not.

BUILDING ADDRESS: _____
(Office will issue address if property does not currently have one)

LEGAL DESCRIPTION:

Lot ____ **Block** ____ **Sub** ____ **Map** ____ / **Parcel** ____

(City of Milan Building and Code Use Only)

CLASS OF WORK: New ____ Alter ____ Add ____ Repair ____ Move ____ Demolish ____

Structure Use: _____ **Purpose:** _____

PLUMBING:

Please enter number of each type of plumbing fixture to be installed in residence.

Water Closet _____ **Floor Drains** _____ **Lavatories** _____

Urinals _____ **Bath Tubs** _____ **Dishwashers** _____

Kitchen Sinks _____ **Slop Sinks** _____ **Washing Machine** _____

Outside Faucets _____ **Sewer** _____ **Drink Fountain** _____

Trash Disposal _____ Shower Bath _____ Hot Water Heater _____

Total Fixtures _____

LLP LICENSE NUMBER _____

NAME OF OWNER(S) _____ PHONE NO. _____

PRESENT ADDRESS _____

CONTRACTOR _____ TENN REG NO. _____

ADDRESS: _____

PHONE NO. _____

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND AGREE TO COMPLY WITH ALL STATE LAWS AND CITY REGULATED BUILDING CONSTRUCTION.

DATE _____

SIGNATURE _____

(Owner or Authorized Agent)

IT IS THE RESPONSIBILITY OF THE OWNER/CONTRACTOR TO CALL FOR ALL NECESSARY INSPECTIONS AND SEE THAT WORK HAS PASSED INSPECTION PRIOR TO THE WORK BEING COVERED UP.

ALL REQUESTS FOR INSPECTIONS SHOULD BE MADE AT LEAST 24 HOURS IN ADVANCE OF REQUIRED INSPECTION.