



**Application for Plumbing Permit
or Plumbing Plan Check**

For Office Use Only	
Customer Name: _____	Q-Matic #: _____
PCIS #: _____	- -

Project Address _____	City _____	Zip _____	Unit No. _____
Cross Street: _____			

Work Description

Briefly describe the scope of work:	Check one: <input type="checkbox"/> House/Duplex <input type="checkbox"/> Apt, Condo, Townhouse <input type="checkbox"/> 3 Stories or less <input type="checkbox"/> 4 stories or more <input type="checkbox"/> Commercial, Hotel, Motel
-------------------------------------	--

Applicant's Name _____	Number & Street Name _____	City & Zip Code _____	Phone Number _____
------------------------	----------------------------	-----------------------	--------------------

Property Owner's Name _____	Number & Street Name _____	City & Zip Code _____	Phone Number _____
-----------------------------	----------------------------	-----------------------	--------------------

Contractor's Name _____	Number & Street Name _____	City & Zip Code _____	Phone Number _____
-------------------------	----------------------------	-----------------------	--------------------

City of Los Angeles Business Tax Registration Certification _____	State License # _____	Class _____
Worker's Compensation Carrier _____	Policy # _____	Expiration Date _____

Engineer's/Architect's Name _____	Number & Street Name _____	City & Zip Code _____	Phone Number _____
-----------------------------------	----------------------------	-----------------------	--------------------

State License # _____	Expiration Date: _____
-----------------------	------------------------

Application Processing Information	
OK for Cashier: _____	Date: _____

For Cashier's Use Only	

Permit Fee - Subtotal	
Permit Issuing Fee	
Permit Supp. Issuing Fee	
Permit Investigation Fee	
Plan Check Fee - Subtotal	
Additional Plan Check Hours	
Off - Hour Plan Check	

List of Equipment

Please enter the number of items in each box below. Leave blank if not applicable.

Install Original (New) Fixtures.

Bathtubs	Clothes Washers	Dental Units/Cuspidors	Dish Washers	Drinking Fountains	Floor Drains/ Sinks	Garbage Disposal	Kitchen Sinks
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Sinks/ Lavatories	Showers	Toilets	Urinals	All Other Fixtures			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			

Replace or Remove Existing Fixtures

Bathtubs	Clothes Washers	Dental Units/Cuspidors	Dish Washers	Drinking Fountains	Floor Drains/ Sinks	Garbage Disposal	Kitchen Sinks
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Sinks/ Lavatories	Showers	Toilets	Urinals	All Other Fixtures			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			

Water Heaters and Gas Systems

Water Heater and Vent	Earthquake Valve	Gas Pressure (1) Regulator	Number of (1) Gas Outlets	Methane Gas(1) Extraction Systems	Thermal Expansion Tank	Heat Exchanger
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Potable Water Systems

Vacuum Breaker / Hose Bibb	Back flow Device	Booster Pump	Lawn Sprinkler Control Valves/ AVB	On-Site Water Distribution	Pipe(2) Size	Water Service	Pipe(2) Size
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pressure Regulating Valve	Re-pipe (No. of Fixtures)	Domestic Water Storage Tank	Trap Primers	Water Using Device			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			

Sewer and Waste

Building Drains	Clarifier /Sand Trap/Grease Int.	Connection to Public Sewer	Engineering Sewer Number	Critical Soil Survey	Cesspool, Drainfield or Seepage Pit	Dry Sewer	Graywater Piping(1) System
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Grease Trap	Manhole	Private Sewage Disposal System	Septic Tank	Sewage Ejector (1)	Sewer Alter/Repair/Cap	Waste & Vent Alter/Repair	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Pool and Spa

Public Pool/Spa(1)
<input type="text"/>

Solar Systems

Solar Water Heating Systems
<input type="text"/>

Rainwater Systems

Rain Water (3) Drains	Subsurface Drainage System	Sump Pump (1)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Miscellaneous

Change of Address	Extra Trip	Misc. Permit	Transfer of Permit (4)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Plan Check Indicators

Hot and Cold Water Only	Hot or Cold Water Only	Waste or Vent Only
<input type="text"/>	<input type="text"/>	<input type="text"/>

Plan Check Items

Combination Waste & Vent Systems	Building Supply	Irrigation Piping System	Soil Remediation System	Methane Gas Venting System
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NOTES:(1) Medium & high pressure gas and methane systems may require plan check. See Information Bulletin No. P/GI 2002-13. (2) Water systems having 2" or larger service may require plan check. (3) Includes roof drains, area drains, deck drains, emergency drains, etc. (4) For change of contractor, check the "Transfer of Permit" box.