

CITY OF SEAFORD CODE DEPARTMENT PLUMBING PERMIT APPLICATION

Project Street Address or Tax ID #:	Use of Building:
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Fixtures

QUANTITY	TYPE	FEE		QUANTITY	TYPE	FEE
	SINK—KITCHEN				OUTSIDE SPIGOT	
	SINK—OTHER				WATER HEATER	
	SINK—LAVATORY				WATER CONNECTION	
	WATER CLOSET				SEWER CONNECTION	
	SINK—LAUNDRY TUB / SERVICE				WATER METER	
	SHOWER STALL / BATH TUB				WATER METER PIT	
	URINAL				OTHER:	
	DISPOSAL				OTHER:	
	CLOTHES WASHER				OTHER:	
	DISH WASHER				OTHER:	
	FLOOR DRAIN				OTHER:	
	IRRIGATION SYS./BACKFLOW PREVENTOR				OTHER:	

Description of Work:

Contacts	Name	Address	Phone Number (s)
Property Owner			
Licensed City Plumber & Company			

I _____, the Licensed City Plumber; or
 Print Name Property Owner of the above described owner occupied residence;
 hereby agree to the following terms:

- If I am the Property Owner, I hereby grant the City of Seaford, and its agents, permission to enter the above referenced property before and after permit issuance to verify the information on this application and perform inspections at any reasonable time.
- If I am the Licensed City Plumber obtaining this permit, I have contracted with the owner of this property to perform the work described above and have advised the property owner that the City of Seaford, and its agents, will be entering the above referenced property before and after permit issuance to verify the information on this application and perform inspections at any reasonable time.
- I understand that all debris must be removed from the site and disposed of in a lawful manner.
- I understand that a permit may be denied if the property listed on this application or the property owner has outstanding debt with the City of Seaford.
- If performing excavation work, I will contact Miss Utility at (811) to locate all existing utilities on and/or around the site prior to the commencement of work.
- I will maintain the Bond required under my City Plumber License for the duration of this permit.
- I understand that if a PERMIT is issued after this application, it should only be construed as a license to proceed with the work and should at no time be construed as authority to violate, cancel, alter or set aside any code, ordinance or regulation.
- I will comply with all codes, ordinances, laws and regulations of the City of Seaford, Sussex County Delaware, State of Delaware and the United States of America.
- I understand that the plumbing system being installed or repaired under this permit may not be utilized for its intended use until a CERTIFICATE OF OCCUPANCY &/OR COMPLIANCE is issued by the City of Seaford.
- I understand that any deviation from the information provided on this application, or from anything shown on the approved plans or other documents submitted, may be grounds for the Building Official to revoke any permit issued and/or denial of the issuance of a CERTIFICATE OF OCCUPANCY &/OR COMPLIANCE.

Signature: _____ Date: _____

Permit Issued By: _____	City Plumber License # _____
	Plumbing Permit # _____
	Date Issued: _____

CITY OF SEAFORD USE ONLY

\$25 + \$ _____ = \$ _____
 (Permit Fee) (Fixture Fee) (Total Permit Fee)

Water Meter # _____ Account # _____	Water Meter # _____ Account # _____
Water Meter # _____ Account # _____	Water Meter # _____ Account # _____

IF YOU'RE REPLACING A WATER METER, AND NEED THE WATER SHUT OFF AT THE STREET, DO NOT CALL CITY HALL REQUESTING A "REPAIR" disconnect. When you're requesting the water be shut off, YOU MUST CALL AND STATE:

1. That you're replacing a water meter and have a plumbing permit;
2. Give the account number for the corresponding meter that you're replacing, as listed above;
3. Request a work order for Water Disconnect—Meter Replacement;
4. Once the work is completed, call and request a work order for Water Reconnect—Meter Replacement;
5. Then contact the Code Department for a final inspection. **DO NOT** dispose of the old meter.

THE FOLLOWING INSPECTIONS ARE REQUIRED FOR THIS PERMIT. AS THE PERMIT HOLDER IT IS YOUR RESPONSIBILITY TO CONTACT THE CITY OF SEAFORD TO SCHEDULE THESE INSPECTIONS. INSPECTIONS MUST BE SCHEDULED AT LEAST 24 HOURS IN ADVANCE BY CALLING THE CODE DEPARTMENT AT 302-629-9173.

REQUIRED	NOT REQUIRED		DATE (s)	INSPECTOR	<u>PASS</u> FAIL
<input type="checkbox"/>	<input type="checkbox"/>	ROUGH IN—UNDERGROUND (For permits involving water &/or sanitary sewer connections, City Public Works Department personnel must be on site prior to back fill to inspect sewer cleanout with camera and water valve operation to ensure proper installation) <u>NOTES:</u>			
<input type="checkbox"/>	<input type="checkbox"/>	ROUGH IN—ABOVEGROUND (@ FRAMING INSPECTION) <u>NOTES:</u>			
<input type="checkbox"/>	<input type="checkbox"/>	FINAL <u>NOTES:</u>			

COMMENTS: