



CITY OF ANDERSON Plumbing Permit Application

Department of Municipal Development

120 East Eighth Street • Anderson, Indiana 46018
Office: (765) 648-6055 • Fax: (765) 648-5914 • www.cityofanderson.com
Marcie Watson: (765) 648-6063

Kevin Smith, Mayor

Print in Ink • Incomplete Applications Will Not Be Processed • Permit Valid for One Year

1. LOCATION OF CONSTRUCTION ACTIVITY

Address: _____

Lot: _____ Subdivision: _____

- Gas Supply Lines
- Sprinkler System Landscaping
- Alteration or Remodeling - Interior or Exterior
- Sump Pump and/or Perimeter Drain Lines
- Other _____

2. PROPERTY OWNER INFORMATION

Name: _____

Address: _____

Telephone: (____) ____ - _____ Fax: (____) ____ - _____

3. INDICATE USE OF STRUCTURE

- Residential Commercial Agricultural
- Multi-Family Industrial or Warehousing Manufactured

4. CONTRACTOR INFORMATION

Company: _____

Address: _____

Telephone: (____) ____ - _____ Fax: (____) ____ - _____

Registered Contractor: Yes No # _____

Contact Person: _____

Immediate Contact Telephone: (____) ____ - _____

Email: _____

I certify the information on this form is complete and accurate and I have the legal and or contractual authority to perform this work.

Date: _____

Signature of Property Owner or Authorized Agent of Contractor

6. TYPE OF SYSTEM WITHIN STRUCTURE

- Plans Provided
- Residential Number of Restrooms _____
- Class 1 Structure - Industrial Commercial

Number of Restrooms: _____

LN. FT. Main Sanitary: _____

LN. FT. Main Storm: _____

LN. FT. Main Water Supply: _____

LN. FT. Process Piping: _____

Sprinkler Systems Landscaping

Number of Zones: _____ Number of Risers _____

Number of Heads: _____ Sq. Ft. _____

Backflow Preventer: _____

7. ADDITIONAL DETAILS

- A. Is there a Structural Building Permit Already Issued?
 Yes No Bldg. Sq. Ft.: _____
- B. General Contractor Name: _____
- C. Other _____
- D. **Total Cost of Job:** _____

5. NATURE OF WORK TO BE CARRIED OUT

Start Date: _____ **Completion:** _____

- Sanitary Lateral (Building to City Sewer) Storm sewer
- Water Service (Building to Meter Pit); Service Size _____
- Building Installation(s) of Waste Lines and/or Water Lines
- Hot Water Heater Installation Back Flow Preventer

FOR OFFICE USE ONLY

- Application Approved Application Denied
- Date Approved: _____ Initials: _____
- Special Conditions _____