

**BUILDING INSPECTIONS DEPARTMENT**

City of Raymond

101 1<sup>st</sup> St., PO Box 156  
Raymond, IA 50667  
319-232-6153  
319-233-0958 FAX

**PLUMBING PERMIT APPLICATION**

PLEASE CALL BUILDING  
INSPECTOR (319-493-0428) BEFORE  
STARTING ANY WORK.

**Office Use Only**  
PERMIT No. \_\_\_\_\_

Date \_\_\_\_\_

Site Address \_\_\_\_\_ Suite/Unit No. \_\_\_\_\_

Tenant/Building Name \_\_\_\_\_ Condominium No. \_\_\_\_\_

The applicant is  Owner  Contractor  Architect/Engineer

**PROPERTY OWNER**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

**CONTRACTOR**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ License No. \_\_\_\_\_

**CLASS OF WORK**

*Check one only*

New Building  Existing  New  Remodel

**TYPE OF WORK**

Please List Quantities Of Each

_____ Water Closets	_____ Auto Washer
_____ Sinks	_____ Mud Sump
_____ Bath(s)	_____ Water Heater
_____ Lavatories	_____ Drain Spouts
_____ Cellar Drains	_____ Sump Pump
_____ Laundry Tubs	_____ Garbage Disposals
_____ Slop Hoppers	_____ Soda Fountains
_____ Drinking Fountains	_____ Septic Tanks
_____ Urinals	_____ Grease Trap
_____ Miscellaneous _____	

(Attach additional information as needed)

General Work: \$ \_\_\_\_\_

Plumbing: \$ \_\_\_\_\_

Heating: \$ \_\_\_\_\_

Electrical: \$ \_\_\_\_\_

Miscellaneous: \$ \_\_\_\_\_

Total Valuation: \$ \_\_\_\_\_

Estimated Completion Date: \_\_\_\_\_

Description of work to be done: \_\_\_\_\_

**ADDITIONAL PERMITS FOR BUILDING, ELECTRICAL,  
AND MECHANICAL ARE ALSO REQUIRED.**

I hereby apply for a plumbing permit and I acknowledge that the information above is complete and accurate; that the work will be in conformance with the ordinances and codes of the City of Raymond; that I understand this is not a permit but only an application for a permit and work is not to start without a permit application on file; that the work will be in accordance with the approved plan in the case of all work which requires review and approval of plans.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

**DO NOT WRITE BELOW THIS LINE**

No.	Construction Types	Occupancy Groups	Building Areas
1			
2			
3			

Conditions of Issuance: \_\_\_\_\_  
\_\_\_\_\_

Approvals Required to Issue a Certificate of Occupancy

Plumbing

Building

Electrical

HVAC

Fire

Valuation \$ \_\_\_\_\_

Permit Fee \$ \_\_\_\_\_

Certificate of Occupancy  Yes  No

Plan Check Fee?  Yes  No

Handicap Fee?  Yes  No

Others Fees  Yes  No

Please Specify: \_\_\_\_\_ Amount? \_\_\_\_\_

Permit Approved by: \_\_\_\_\_

Date \_\_\_\_\_