



CITY OF ANDERSON

Plumbing Permit Application

Department of Municipal Development

120 East Eighth Street • Anderson, Indiana 46018

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Karen Miller: (765) 648-6063

Thomas J. Broderick, Jr. Mayor

♦ *Incomplete Applications Will Not Be Processed* ♦ *Permit Valid for One Year*

1. LOCATION OF CONSTRUCTION ACTIVITY

Address: _____

Lot: _____ Subdivision: _____

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: _____

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

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

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:** _____

FOR OFFICE USE ONLY

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