## Bartholomew County/City of Columbus, Indiana PLUMBING & SPRINKLER PERMIT APPLICATION

Phone: (812) 379-1535 FAX: (812) 379-1765

The Department of Technical Code Enforcement 440 Third Street, Suite 302 Columbus, Indiana 47201

INSTRUCTIONS:		
1) Print all information in INK 2) Complete ALL informa	ition unless insti	ructions indicate otherwise. 3) Place a checkmark or an X in the
box corresponding to your response. 4) Questions? Call th		
1. LOCATION OF CONSTRUCTION ACTIVITY:	5.	TYPE OF PLUMBING WORK:
	0	☐ Sprinkler System
Address:		☐ Installation
Number N-S-E-W Street Name Apt. #/	'Lot #	Replacement
2. OWNER OF PREMISES:		☐ Repair ☐ Alteration
2. OWNER OF FREMISES.		□ Remodel
Name:		☐ Addition
Last First M.I.	.	Replace Hot Water Heater (If not identical unit)
Address:	/I ot #	Other, Specify
Number N-5-E-W Street Name Apr. #/		NUMBER OF SPRINKLER HEADS:
City State Zip	Code 0. 1	#
Telephone:		"
Area Code Number	7. ]	ESTIMATED COST OF PLUMBING WORK:
3. <u>USE OF STRUCTURE</u> :		\$
Commercial	8.	WILL ANY ELECTRICAL WORK BE PERFORMED?
☐ Multi-Family		<u> </u>
Other, Specify		☐ YES (See Permit Clerk)
4. TYPE OF STRUCTURE:		□NO
☐ New Structure	9. 5	STRUCTURAL BUILDING PERMIT NUMBER:
Existing Structure		
☐ Addition ☐ Other, Specify		#
☐ Other, Specify	<del></del>	
40 CONTRACTOR RECRONCIDI E EOR REDMIT.	43	Ctata Diumbing License #
10. CONTRACTOR RESPONSIBLE FOR PERMIT:	A)	State Plumbing License #
Name:		If you are obtaining this permit for a corporation,
Last First M.I	ī.	partnership or individual listed with the Dept. of
Contact:  Last First M.I.		Technical Code Enforcement, provide the follow-
Edst First W.I.		ing information:
Address:		Name:
Number Street City Stat	e	Last First M.I.
Telephone:		Contractor ID #
Area Code Number		
I hereby certify that I have the authority to make th	e foregoing at	oplication, that all accompanying documents are accurate
and correct and that all plumbing methods will con	nply with all o	
Indiana, Bartholomew County and/or the City of Co	olumbus, IN.	
Contractor Signature:		
Orum an / A gant Sign atuma		
Owner/Agent Signature:		<del></del>
Application Release Date:	State Releas	se # Permit #
Fee Amount: \$Initials:	Subdiv	ision:
Township:Map & Parcel #_		
Zoning: Flood Hazard Area:		